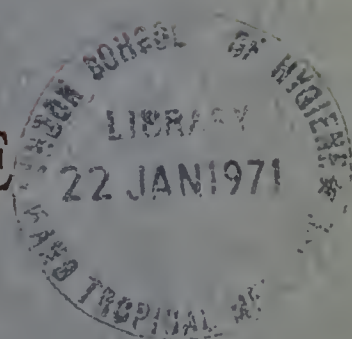


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THE



HEALTH OF BOLTON

1967

ANNUAL REPORT OF THE MEDICAL OFFICER OF HEALTH
ANNUAL REPORT OF PRINCIPAL SCHOOL MEDICAL OFFICER

COUNTY BOROUGH OF BOLTON



ANNUAL REPORT

OF THE

Medical Officer of Health

FOR THE YEAR ENDED

31st December, 1967

A. I. ROSS, M.D., D.P.H.,
MEDICAL OFFICER OF HEALTH

HEALTH DEPARTMENT, CIVIC CENTRE, BOLTON

Telephone No. 22311

HEALTH COMMITTEE, 1967-68

The Mayor (Alderman C. Leat, J.P.)

Chairman: Alderman Mrs. N. Vickers

Vice-Chairman: Alderman Mrs. D. Berry

Alderman Mrs. E. A. Ashmore, J.P.

Alderman Dr. F. T. F. Keogh, J.P.

Alderman Dr. J. R. Monks, G.M., J.P.

Alderman W. Walsh

Councillor H. Bleackley

Councillor Dr. W. Brabbin

Councillor D. S. Clarke

Councillor E. Crook

Councillor J. G. Delaney

Councillor J. A. Foster

Councillor W. Hall

Councillor E. G. Higson

Councillor R. Johnson

Councillor Mrs. F. Mitchell

Councillor P. J. Wood

Councillor T. P. Yates

Co-opted Members:

Dr. B. Thornley

Mr. W. C. Moss

Sub-Committees

Personal Services

Insanitary Areas and Premises

Baths and Ambulance

Appointment of Staff

Smoke Control Areas - Financial Assistance

Slum Clearance

Appointment of School Medical and Dental Staff

Appeals against charges

INTRODUCTION

Nineteen sixty seven has been a year of continued progress in closer co-operation between the three branches of the Health Services in Bolton. All health visitors are now attached to general practitioners and the health centre programme is under way, the Mayor opening the Halliwell Health Centre in November.

The Council agreed to use the powers given in the National Health Service (Family Planning) Act, 1967 to extend arrangements for family planning advice for social as well as medical reasons.

The staffing position in the department has improved of late years. We now have no difficulty in maintaining our establishment of health visitors, midwives and district nurses. In 1967, we were short of public health inspectors but with our pupil inspector training scheme, it seems likely that towards the end of next year we shall be up to our establishment, and it is to be hoped thereafter we shall maintain an adequate staff of inspectors.

After the public outcry in the country to provide a cervical cytology cancer screening service, the number of women coming forward to have smears taken has been disappointing. Although 5,000 tests were carried out in Bolton during 1967 with 1.3% positive smears, towards the end of the year the number attending was falling off. It is most important to realise that this service can cope with all demands and any woman who has a child can have at appointment at one of our clinics. General practitioners are also providing this service.

The Work Study investigation into the Health Visiting and District Nursing Services was completed during the year. It is hoped that as a result of the changes recommended health visitor visits will increase considerably without any increase of staff and that there will be considerable economies on the district nursing side. As far as we know the method of controlling professional staff has been used for the first time.

The supervision of the arrangements for the care by the day of children under five worked smoothly. We have found the Nurseries and Child Minders' Regulation Act, 1948 to be effective and have had very full co-operation with the local branch of the Pre-School Play Groups' Association. The initiative of those who undertake this work is to be commended. There are now 175 children looked after by 16 minders. One of the medical staff and a health visitor exercise regular supervision. A member of the Chief Education Officer's staff also visits and advises and supervises.

Although the Housing Committee is increasing the number of special houses for old people, there is still a very considerable waiting list. At the end of the year about two hundred and thirty individuals needed ground floor accommodation. The difficulties of providing sufficient ground floor accommodation or its equivalent are realised, but certainly Bolton is a very long way from having enough. During the year 288 applications for re-housing on medical grounds were received and 56 were recommended. If the housing situation had not been so difficult, many of the others would have been put forward for more appropriate houses.

During the last few years the amounts of smoke and sulphur dioxide in Bolton's air, although very much less than five or six years ago, have not decreased appreciably. This is disappointing. One reason may be the burning of coal in smoke control areas at night. The extensive slum clearance and demolition going on in the town also affects the smoke readings, because of the dust that is produced. The Bill which has been going before Parliament recently will make it illegal to supply coal to houses in smoke control areas and will enable legal proceedings to be taken against fuel suppliers who do so. This will be a very great help.

Public health inspectors in conjunction with the Public Health Laboratory Service are undertaking extensive sampling of raw milk for brucellosis. We are receiving very good co-operation from the local farmers. Only one case of undulant fever, due to brucella abortus, was notified during the year.

The new abattoir opened in August, 1966, is working extremely well and helps in giving Bolton clean and good quality meat.

After a period of 16 years with the Authority and from 1948 with the Regional Board, Dr. D. A. Woodeson, Consultant Physician, retired in October of this year. He did most excellent work for those suffering from chest complaints and his advice and interest was much appreciated. We wish him a long and happy retirement.

Mr. A. Markham, Baths Superintendent, retired in December this year after 31 years with the Authority. As Baths Superintendent, he did a great deal to improve the facilities in the baths and was an extremely keen officer and always most helpful.

It is very sad to report that Mrs. Carroll, the matron of Greenmount House, died tragically after a very short illness. She was a most valuable member of the staff and our condolences go to her husband and family. She is very much missed by all of us.

I should like to thank the Chairman and the Health Committee for their continued interest and support of the work of the department and the chief officers and heads of Corporation Departments for their continued assistance.

A handwritten signature in cursive script, appearing to read 'A. Ross'.

Medical Officer of Health.

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PRINCIPAL STAFF OF THE HEALTH DEPARTMENT

at 31st December, 1967

MEDICAL STAFF

Medical Officer of Health	A. I. Ross, M.D., D.P.H.
Deputy Medical Officer of Health	..	P. O. Nicholas, M.B., Ch.B., D.C.H., D.P.H.
Senior Assistant Medical Officer of Health	J. L. Jackson, M.B., Ch.B., D.P.H.
Assistant Medical Officers of Health and School Medical Officers	Mavis J. Allanson, M.B., Ch.B., D.(Obst.) R.C.O.G. (Part-time) B. Howarth, M.B., Ch.B. (Liverpool) (Resigned 14.5.67) E. Losoncz, M.D., D.P.H. (Commenced 17.7.67) Dorothy M. Paterson, M.B., B.Ch., B.A.O. (Cork) Audrey Seddon, M.B., Ch.B., D.(Obst.) R.C.O.G. J. H. Swindell, M.R.C.S., L.R.C.P., D.(Obst.) R.C.O.G.

NURSING STAFF

Superintendent Nursing Officer	..	Miss E. M. Richardson, S.R.N., S.C.M., H.V. and Q.N. Certs., D.N. (London)
Deputy Superintendent Health Visitor		Miss A. M. Fraser, S.R.N., S.C.M., H.V. Cert.

HOME NURSING

Superintendent	Mrs. E. Gallaher, S.R.N., S.C.M., H.V. and Q.N. Certs.
Deputy Superintendent	Mrs. E. Hankin, S.R.N., Q.N. Cert.

MIDWIFERY

Non-Medical Supervisor	Miss A. M. Fraser, S.R.N., S.C.M., H.V. Cert.
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DAY NURSERIES

Supervisor	Mrs. M. E. Chapman, S.R.N., S.C.M., Q.I.D.N., H.V. Cert. (Part-time)
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PUBLIC HEALTH INSPECTORS

Chief Public Health Inspector	T. Williams, F.R.S.H., M.R.Inst.P.H.H., M.A.P.H.I.
Deputy Chief Public Health Inspector		N. Ryce, M.R.S.H., M.A.P.H.I.

CLERICAL STAFF

Chief Administrative Assistant	W. Greenhalgh
Administrative Assistant	P. Murphy, D.P.A.

MENTAL HEALTH SERVICE

Chief Mental Health Officer	R. A. Johnson, M.S.M.W.O. (Resigned 8.10.67)
Supervisor - Junior Training Centre		Miss E. Dobbin, Dip.N.A.M.H.
Supervisor - Adult Training Centre		Mrs. J. Cook, Dip.N.A.M.H.
Superintendent - Greenmount House		P. J. Carroll, S.R.N., R.M.N.
Matron-Greenmount House	Mrs. A. Carroll, S.R.N., R.M.N. (Died 11.11.67)
		Mrs. M. T. North (Commenced 12.11.67) S.E.N.
Superintendent - Park House	D. D. Gould, R.M.N.

HOME HELP SERVICE

Home Help Organiser Miss O. Brindle, M.I.H.H.O., A.R.S.H., A.I.S.W.

AMBULANCE SERVICE

Superintendent T. R. Walton, F.I.A.O. (Resigned 31.12.67)

ANALYST

Borough Analyst G. J. Holland, B.Sc., F.R.I.C., P.A.I.W.E.

BATHS AND WASHHOUSES

Superintendent	A. Markham, M.Inst.B.M. (Retired 10.12.67).
Managers	. .	
	Bridgeman Street Baths }	A. Markham, M.Inst.B.M.
	High Street Baths }	(Retired 10.12.67).
	Moss Street Baths & Wash-house . . }	T. Taylor, M.Inst. B.M.
	Hennon Street Slipper Baths . . }	
	Rothwell Street Wash-house . .	H. Bateson
	Turkish Baths	P. F. Casterton

PART 1

STATISTICAL INFORMATION

Summary of Statistics

Vital Statistics

SUMMARY OF STATISTICS, 1967

COUNTY BOROUGH OF BOLTON

Position	Lat. 53° 35' N. Long. 2° 27' W.
Elevation above sea level	230 ft. to 1,450 ft.
Geological Formation	Boulder Clay and Sand over Coal Measures
Rainfall (Av. 1887-1967: 51.32")	53.93"
Area in Acres (Land and Inland Water)	15,279
Population (Census 1921)	178,683
„ (Census 1931)	177,250
„ (Census 1951)	167,162
„ (Census 1961)	160,740
„ (Estimated Civilian Population, 1967)	156,400
New permanent houses, including flats, certified	635
Existing buildings altered to provide dwelling accommodation	3
Estimated number of houses in the Borough	57,049
Rateable Value at 1st April, 1967	£5,478,829
Rate at 1d. in the £ estimated to produce (1967-68)	£21,200
Live Births	2,800
Live Birth rate per 1,000 population (Corrected)	19.34
Stillbirths	43
Stillbirth rate per 1,000 live and stillbirths	15.12
Total live and stillbirths	2,843
Infant Deaths	67
Infant mortality rate per 1,000 live births—total	23.93
Infant mortality rate per 1,000 live births—legitimate	23.31
Infant mortality rate per 1,000 live births—illegitimate	29.75
Neo-Natal mortality rate per 1,000 live births	15.71
Early Neo-Natal mortality rate (under one week)...	13.21
Illegitimate live births per cent of total live births	9.60
Maternal deaths (including abortion)	—
Maternal mortality rate per 1,000 live and stillbirths	—
Deaths	1,981
*Death Rate (Corrected)	13.17
*Average Death Rate (1958-1967)	14.14
*Heart and Circulation Death Rate	6.24
*Cancer Death Rate	2.42
*Death Rate from diseases of the Respiratory System	1.79
*Pulmonary Tuberculosis Death Rate	0.05
Diarrhoea Death Rate (Deaths under two years per 1,000 live births)	1.07

ENGLAND AND WALES:

*Birth Rate	17.20
Stillbirth Rate (per 1,000 total births)	14.80
*Death Rate	11.20
Infant Mortality (Deaths under one year per 1,000 live births)	18.30

*Per thousand of population

VITAL STATISTICS

Births:

There were 2,800 live births to Bolton residents, 1,461 males and 1,339 females. The live birth rate (corrected) per 1,000 of the population was 19.34.

As can be seen from the underlying table, this is the highest number of births for some years - it will be interesting to see if this is just a rise over one year or whether this increase is maintained in the years to come. Bolton has a steady fall in the population but by 1971, when the next census is taken, we may have corrected this fall.

The following table shows the pattern of these figures since the last census.

Year	Population	No. of Live Births	Live Birth Rate per 1,000 population (Corrected)
1961	160,740	2,675	16.6
1962	160,650	2,767	17.22
1963	159,780	2,701	18.25
1964	159,190	2,775	18.82
1965	157,990	2,785	19.04
1966	157,200	2,685	18.44
1967	156,400	2,800	19.34

LIVE BIRTHS IN INSTITUTIONS	NUMBER	PERCENTAGE OF TOTAL LIVE BIRTHS
Bolton District General Hospital	1,496	
Haslam Maternity Home	367	
Havercroft Maternity Home	233	
Heaton Grange Maternity Home	380	
In institutions and homes outside Bolton	28	
TOTAL	2,504	89.45
LIVE BIRTHS AT HOME	296	10.55

The number of births at home and in hospital is dealt with more fully in the midwifery part of the report.

There were 226 premature live births.

One fact is certain that every year the numbers of babies delivered in hospital and maternity homes in Bolton increases. As can be seen from the figures, the percentage hospital/nursing home delivery has risen from 86.9 in 1966 to 89.45 in 1967, whereas the percentage of live births at home has fallen from 13.1 last year to 10.55 this year. However, as the part of this annual report dealing with midwifery indicates, we still need a competent nucleus of domiciliary midwives - to take but one fact the number of premature babies born in 1967 was 226 compared with 174 in 1966. A consideration of the tables that follow show that the great majority of these prematures survive.

These excellent figures will be maintained as long as there is such a good link between the hospital and domiciliary services.

Stillbirths:

The number of stillbirths was 43 giving a stillbirth rate of 15·12/1,000 of total live and stillbirths. The figure of 43 is one less than the previous year in spite of the considerable rise in the number of premature births.

The causes of the 43 stillbirths are given in the following table.

Cause of Stillbirth	Number M & F
Diabetes Mellitus	—
Taemorrhage without mention of placental condition ..	10
Hoxaemia with convulsions during pregnancy or labour (Eclampsia).. .. .	2
Other toxaeimias of pregnancy	—
Difficult labour with malposition of foetus	1
Rhesus incompatibility	2
Abnormality of placental cord	5
Breech	—
Atelectasis	—
Anencephalus	3
Hydrocephalus	—
Intra-uterine anoxia	11
Maceration, cause not specified	6
Prematurity	1
Other ill-defined cause	2
TOTAL ..	43

Total Live and Stillbirths:

The total number of live and stillbirths was 2,843.

Deaths:

Deaths showed a slight fall on the previous year from 2,190 in 1966 to 1,981 in 1967. (1,043 males and 933 females) - a corrected mortality rate of 13·17 per 1,000 of the population.

There were 720 Bolton residents who died outside the borough; of these, 634 died in Bolton District General Hospital or in Townleys Branch Hospital.

Non-residents who died in the area numbered 228.

Summary of the Principal Causes of Death, 1967

Cause of Death	No. of Deaths	Males	Females	0-	1-	5-	15-	25-	35-	45-	55-	65-	75-
Tuberculosis, Respiratory	8	6	2	-	-	1	-	-	-	1	3	2	1
" Other..	2	2	-	-	1	-	-	-	-	-	1	-	-
Syphilitic disease	2	1	1	-	-	-	-	1	-	-	-	-	1
Diphtheria	-	-	-	-	-	-	-	-	-	-	-	-	-
Whooping Cough	-	-	-	-	-	-	-	-	-	-	-	-	-
Meningococcal infections	-	-	-	-	-	-	-	-	-	-	-	-	-
Acute Poliomyelitis	-	-	-	-	-	-	-	-	-	-	-	-	-
Measles	-	-	-	-	-	-	-	-	-	-	-	-	-
Other infective and parasitic diseases	3	-	3	-	-	-	-	1	-	-	-	1	1
Malignant Neoplasm:													
Stomach	54	28	26	-	-	-	-	1	2	4	14	17	16
Lung and Bronchus	87	80	7	-	-	-	-	1	2	6	29	35	14
Breast	37	-	37	-	-	-	-	-	2	8	13	9	5
Uterus	16	-	16	-	-	-	-	-	1	2	2	7	4
Other malignant and lymphatic neoplasms	176	88	88	-	1	-	-	-	5	16	36	62	56
Leukaemia and Aleukaemia	9	5	4	-	-	-	-	-	1	-	4	1	3
Diabetes	17	3	14	-	-	-	-	-	1	-	3	6	7
Vascular lesions of nervous system	295	130	165	-	-	-	1	2	4	10	49	78	151
Coronary disease, angina	393	247	146	-	-	-	-	-	8	36	86	153	110
Hypertension with heart disease	29	16	13	-	-	-	-	-	-	1	6	10	12
Other heart disease	172	76	96	-	-	-	-	2	5	14	19	35	97
Other circulatory disease	88	40	48	-	-	-	-	-	3	-	5	16	64
Influenza	4	2	2	-	-	-	-	-	-	-	1	3	-
Pneumonia	102	41	61	14	2	1	-	-	2	4	12	20	47
Bronchitis	160	106	54	-	-	-	-	-	-	7	33	64	56
Other diseases of respiratory system	22	19	3	-	-	-	1	-	1	3	6	4	7
Ulcer of stomach and duodenum	13	10	3	-	-	-	-	1	-	-	2	5	5
Gastritis, enteritis and diarrhoea	12	5	7	2	1	-	-	-	-	-	1	2	6
Nephritis and Nephrosis	6	3	3	-	-	-	-	-	1	-	2	1	2
Hyperplasia of Prostate	7	7	-	-	-	-	-	-	-	-	1	2	4
Pregnancy, childbirth and abortion	-	-	-	-	-	-	-	-	-	-	-	-	-
Congenital malformations	9	6	3	5	1	2	-	1	-	-	-	-	-
Other defined and ill-defined diseases	162	69	93	44	3	1	-	2	4	7	13	34	54
Motor vehicle accidents	34	21	13	-	2	1	9	4	1	2	5	5	5
All other accidents	45	22	23	-	2	2	1	2	1	3	5	4	25
Suicide	15	9	6	-	-	-	-	1	2	1	5	4	2
Homicide and Operations of War	2	1	1	2	-	-	-	-	-	-	-	-	-
TOTALS	1,981	1,043	938	67	13	7	13	19	46	125	356	580	755

Deaths from Puerperal Causes:

There were no deaths from puerperal causes in 1967.

Infant Mortality:

There were 67 deaths of infants under one year - an infant mortality rate of 23·93 per 1,000 live births. The infant mortality rate per 1,000 legitimate live births was 24·10 and illegitimate 29·75. The primary causes of death are shown in the following table.

Cause of Death	Age at Death					Total for each cause
	Under 4 weeks	4 weeks to 3 mths	3 to 6 months	6 to 9 months	9 to 12 months	
Prematurity	19	—	—	—	—	19
Congenital malformations	3	—	2	—	—	5
Pneumonia	3	2	7	—	—	12
Post-natal asphyxia and Atelectasis	5	—	—	—	—	5
Birth Injury	2	—	—	—	—	2
Other Causes	12	3	3	3	3	24
TOTALS	44	5	12	3	3	67

Deaths under Four Weeks:

There were 44 deaths of infants under four weeks giving a neonatal mortality rate of 15·71 per 1,000 live births. The rate for England and Wales was 12·5.

The early neonatal mortality rate (under one week) was 13·21 and the total number of deaths 37. The rate for England and Wales was 10·8.

The following table shows the ages at which death took place.

Cause of Death	0-7 days	8-14 days	15-21 days	22-28 days	Total
Prematurity	19	—	—	—	19
Congenital malformations	3	—	—	—	3
Pneumonia	1	1	—	1	3
Post-natal asphyxia and Atelectasis	5	—	—	—	5
Birth Injury	2	—	—	—	2
Other Causes	12	—	—	—	12
TOTALS	42	1	—	1	44

Perinatal Mortality:

The perinatal mortality rate is the number of stillbirths added to the number of infant deaths during the first week of life, expressed as a rate per thousand of total births both live and still. In 1967 the perinatal mortality rate in Bolton was 28·14.

The following table shows the infant mortality rate, neonatal mortality rate, stillbirth rate, perinatal death rate and the death rate of infants aged one week but under one year for the last ten years.

	1958	1959	1960	1961	1962	1963	1964	1965	1966	1967
Infant Mortality Rate ..	27·4	29·0	27·0	19·4	24·2	32·6	19·1	20·5	24·6	23·9
Neo-natal Mortality Rate ..	20·7	17·2	20·0	11·6	18·1	19·6	10·8	14·0	12·7	15·7
Stillbirth Rate	21·0	16·9	19·6	17·6	19·1	16·4	15·3	17·3	16·1	15·1
Perinatal Death Rate	39·3	29·7	34·0	27·5	34·0	32·4	24·8	29·5	27·1	28·1
Deaths of infants aged 1 week but under 1 year per 1,000 total live births	8·6	15·7	12·2	9·2	8·9	16·0	9·2	8·1	13·2	10·7

General Discussion - (Infant Mortality and Stillbirths)

The infant mortality rate in 1967, 23·93, is almost the same as the figure for the previous year. The stillbirth rate is the lowest for years and at 15·12 is even better than the excellent figure of 15·3 in 1964. This low stillbirth rate is very creditable, bearing in mind the increased number of births and the fact that 226 of these births were premature. Admittedly, this is reflected in the slightly increased neo-natal mortality rate of 15·7 in 1967 compared with 12·7 in 1966. The tables show that there was an increase in deaths from prematurity, 19 babies dying in the neo-natal period in 1967 compared with 6 dying from this cause in 1966. On the other hand, in 1967 there were fewer deaths from post-natal asphyxia, 5 compared with 13 in 1966.

It is difficult to draw any accurate conclusions from one year's figures, there are always chance fluctuations. We still have some way to go to achieve the lower infant and neo-natal mortality figures of southern areas of England but there is no doubt that Bolton is a brighter, cleaner place to live in - the Bolton baby is no longer born under a black industrial cloud. Our housing is not perfect but where home conditions are difficult, all these expectant mothers have the advantage of hospital and nursing home delivery.

In Bolton in 1967, 89·45 of the babies were born in hospital or maternity home.

In 1967, five babies died from congenital abnormalities in the first year of life. There was a satisfactory fall in deaths from respiratory causes. Whereas in 1966, 27 died from pneumonia, only 12 died in 1967, and 14 babies died from post-natal asphyxia in 1966 compared with only 5 babies in 1967. These trends are encouraging and must be considered with the 226 premature births

in 1967 compared with 174 in 1966. Admittedly, 19 prematures died in 1967 compared with only 6 deaths from prematurity in 1966. However, consider the weights at birth of these premature babies.

2 lb. 3 ozs. or less	12
2 lb. 3 ozs./3 lb. 4 ozs.	13
3 lb. 4 ozs./4 lb. 6 ozs.	44
4 lb. 6 ozs./5 lb. 8 ozs.	157

With the babies of very low weight it is hardly surprising that there were 19 deaths from prematurity during the neonatal period. It is a great credit to nursing skill that so many babies under 4 lb. 6 ozs., in weight at birth survived - indeed it must have taken most patient attention to rear those prematures who survived from a birth weight of under 3 lbs.

Deaths from Cancer

Localisation of Disease, Number of Deaths and Rate Per Cent of Total Deaths annually for the past ten years

Site	1958		1959		1960		1961		1962		1963		1964		1965		1966		1967	
	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate
Stomach	76	3.59	60	2.84	62	3.02	67	2.96	73	3.30	72	3.23	56	2.70	61	2.93	63	2.87	54	2.72
Lung & Bronchus	82	3.87	82	3.88	69	3.37	71	3.13	98	4.43	90	4.04	109	5.26	110	5.27	105	4.80	87	4.39
Breast	28	1.32	33	1.56	27	1.32	32	1.41	40	1.81	31	1.39	32	1.54	22	1.05	45	2.06	37	1.86
Uterus	17	0.80	7	0.33	21	1.02	16	0.71	21	0.95	6	0.27	20	0.97	22	1.05	15	0.69	16	0.81
Other Sites	183	8.64	177	8.38	161	7.85	173	7.63	172	7.77	167	7.50	178	8.59	167	8.0	194	8.86	176	8.88
TOTAL DEATHS FROM CANCER	386	18.22	359	16.99	340	16.58	359	15.84	404	18.26	366	16.43	395	19.06	382	18.30	422	19.27	370	18.66
TOTAL DEATHS: (All Causes) ..	2,119		2,113		2,051		2,267		2,212		2,227		2,072		2,088		2,190		1,981	

Deaths from Lung Cancer:

The number of deaths from lung cancer fell in 1967 to 87 compared with 105 in the previous year. In 1967, 80 men died and seven women from the cause. It is to be hoped that this improvement will be maintained but bearing in mind the record sales of tobacco and the fact that only one professional group, namely the doctors, have reduced their smoking habits, there are no grounds for hope. Even looking at this year's figures, nearly half the deaths were before retirement age.

Age Group	Males	Females	Total
25-34	1	—	1
35-44	2	—	2
45-54	5	1	6
55-64	27	2	29
65-74	33	2	35
75 and over	12	2	14
TOTALS	80	7	87

Average No. of deaths per year, 1958 - 1967 . . 90

No. of deaths from lung cancer in 1967 . . 87

Some people who have attended the anti-smoking clinics sponsored by the Health Department have shown concern about their addiction - perhaps they have also shown concern for addiction which is increasing in young people. We are all appalled by the teenager who takes heroin but society accepts tobacco and alcoholic addiction.

Fatal Road Accidents:

I am indebted to the Chief Constable for the following information.

“During 1967, 1,479 accidents, which occurred in the Borough, were reported to the Police.

The number of traffic accidents involving personal injury totalled 763; the number of persons injured in these accidents was 989.

Twenty-nine persons were killed, this being an increase of 3 on the previous year. Seventeen were killed in daylight and 12 in darkness. Fatal accidents during daylight involved 7 pedestrians, aged 1, 3, 5, 22, 56, 76 and 79 years, 1 car driver aged 24; 2 motor cyclists aged 17 and 38 years; 1 cyclist aged 15 years; and 2 scooter passengers aged 15 and 17 years.

Fatal accidents during darkness involved 7 pedestrians, aged 29, 54, 56, 69, 72, 75 and 77 years; 3 car drivers aged 24, 27 and 46 years; and 2 car passengers aged 21 and 22 years.”

Fatal Accidents in the Home:

The Home Safety Campaign seems to be having some effect in Bolton, as once again the number of fatal accidents has fallen to 26. The table below shows that since 1963 there has been a decrease in the number of deaths from home accidents - a decrease in spite of the fact that there are an increasing number of elderly people in our town.

Cause of Death	Age Group						Total
	Under 70 yrs.		70-79 yrs.		80 and over		
	M.	F.	M.	F.	M.	F.	
Falls - fractured femur ..	-	1	1	1	3	7	13
- other	-	-	-	2	-	2	4
Carbon monoxide poisoning	-	-	1	-	-	4	5
Barbiturate and Alcohol poisoning	1	-	-	-	-	-	1
Burns	1	-	1	-	-	1	3
Drowned in sink	-	-	-	-	-	-	-
TOTALS	2	1	3	3	3	14	26

Perhaps the improved housing for the senior citizens has made falls less likely but as will be seen from the figures the majority of fatalities were due to falls in people over 70 years of age.

Nine women aged over 80 years died due to falls. As more purpose-built ground floor flatlets and bungalows become available for the elderly the hazard from falls should diminish.

The women outlive the men and loneliness increases the risk not only from falls but also from carbon monoxide poisoning. Health visitors often remark that the elderly cannot smell gas leaks; five people aged over 70 died from accidental coal gas poisoning.

One death of a man under 70 years occurred from a combination of barbiturate and alcohol poisoning. It should be remembered that the respiration depression of barbiturates is increased by taking excessive alcoholic drink.

Suicide:

There were 15 suicides in Bolton, nine fewer than in 1966.

Suicides 1964	25
1965	20
1966	24
1967	15

The following table shows the distribution of suicide according to age, sex and the method of suicide.

Cause of Death	Age Group						Total
	15-44		45-64		65 and over		
	Male	F'male	Male	F'male	Male	F'male	
Coal gas poisoning	2	-	3	1	2	3	11
Barbiturate poisoning	-	-	-	1	-	-	1
Nembutal	-	-	-	-	-	1	1
Aspirin poisoning	-	-	1	-	-	-	1
Self-inflicted violence	1	-	-	-	-	-	1
TOTALS	3	-	4	2	2	4	15

It is to be hoped that with increased efforts of the mental health workers, and by the voluntary organisation the Samaritans, the number of suicides can be kept at a low figure.

PART II

LOCAL HEALTH SERVICES

Health Centres

Care of Mothers and Young Children

Midwifery

Health Visiting

Home Nursing

Organisation and Methods Survey

Immunisation and Vaccination

Ambulance

Prevention of Illness, Care and After-Care

Home Help

Mental Health

HEALTH CENTRES

It is good to report that considerable progress was made during the year in planning health centres.

Halliwell Health Centre:

On Wednesday, 1st November, 1967, the Mayor, his Worship Alderman C. Leat, J.P., opened the Halliwell Health Centre, situated near Moss Street Baths.

In April, 1964, it became clear that three general practitioners in the Halliwell area would lose their surgeries because of slum clearance. Informal discussions were held with general practitioners in the area and the Clerk of the Local Executive Council and it was thought that it would be useful if a health centre could be built to accommodate six doctors.

At present five doctors occupy the centre, one consulting and examination room being vacant.

The design of the building was discussed and agreed between the general practitioners who were to use it, two other general practitioners representing the Local Medical Committee and officers of the local authority, the Borough Architect Mr. Geoffrey Brooks, being responsible for the design.

The aim of the health centre is to assist the family doctor in every way possible and to provide a more efficient service to the patients. To assist this aim, a telephonist is on duty from 8.30 a.m. until 5.00 p.m. The caretaker and his wife, who live in a bungalow on the site, are responsible for telephone operation at other times. However, on the occasions when they are off duty, the telephones are switched through to the family doctors' homes.

Health visitors and district nurses are attached to the practices and a nurse attends daily in the treatment room.

A full range of local authority services is provided, including child welfare clinics, parentcraft classes, chiropody, school health services and dental treatment.

Three representatives of the general practitioners, the Medical Officer of Health or his representatives and two members of the clinic staff act as a House Committee to deal with any points which may arise.

The main entrance is from Moss Street and the accommodation, in addition to a large clinic waiting space and health education lecture room, provides full accommodation for general maternity and child welfare services. This together with a chiropody treatment room, three double suites for general practitioners, waiting areas and patients' toilets are sited on the ground floor and reached from the main entrance and reception office, the latter being of such a easily size to provide for a telephone exchange and the records of all patients using the centre. At a convenient point as a fulcrum between the local authority services and the general practitioners' suites is a room which allows doctors to refer patients for minor treatment to the district nurse.

The general practitioners' suites are as they requested and comprise two consulting rooms and two examination rooms and are planned so as to serve the needs of either double or single practices each with its own private entrance.

Two dental surgeries, recovery room, waiting room, office and dark room are provided on the first floor, together with office accommodation for health visitors and school nurses.

A caretaker's bungalow is also provided.

I am very indebted to one of the practitioners who is working in the centre for the following comment.

"We have now been working in the Halliwell Health Centre since November and feel able to comment on its suitability for the provision of medical care to the community.

The centre is in the Halliwell development area and is in a good position for access from it. There is sufficient land around the centre to provide adequate parking space and when the surrounding district is more completely developed it should be possible to arrange a convenient 'bus stop and improve the approach by foot. A public telephone near the centre would be a great convenience.

The appearance of the centre has been greatly enhanced by the surrounding lawns and shrubs.

The large pram shelter, incorporated in the entrance to the building, is well used.

The reception area is in a good position at the front entrance but may have to be extended. It does not give a completely adequate view of the waiting area to the receptionists.

The waiting area is very spacious and is better than a series of smaller waiting rooms. This impression of space is very suitable for small children who resent being confined in a small room. A play area for small children would be an additional advantage.

The consulting rooms are insulated from the noise of the waiting area by the examination rooms, but unfortunately insulation between examination and consulting rooms is not adequate so that the examination room cannot be used when the consulting room is occupied. We hope that this defect will soon be put right. The lighting, equipment and ventilation of the rooms is very good. We have the advantage of an electric fan in the consulting rooms.

The telephone services, both internal and external, have proved very efficient; our telephonists have been very quick to acquire the skill needed to handle the problems and emergencies of general practice.

The caretaker of the centre and his wife bear a heavy and constant load of responsibility. They maintain the building in a very clean and efficient way. They also maintain the surrounding lawns and gardens. When the telephonist is not available they also have charge of the telephone. They have been able to do all this without loss of enthusiasm or patience.

One of the greatest advantages of our move into the health centre has been increased co-operation with the services provided by the Health Department, particularly co-operation with the district nurses, health visitors and midwives. It is not merely a question of delegating work to be done by others, but of benefiting by observations which nurses, visitors and midwives make on our patients who are under their care.

Defaulters from the ante-natal clinics can be quickly traced and urged to attend. More mothers now attend for their post-natal examination when we are now able to take a cervical smear as a routine. We also take cervical smears from other patients at this clinic, since we do not think our numbers justify a special clinic.

In the field of child welfare, we find the health visitor is able to give us valuable help in detecting congenital disorders, in supervising treatment of acute illness and advising on infant feeding. Improved co-operation means that instead of being exposed to conflicting advice a mother receives help from a member of our team.

The help of the health visitor has also been invaluable in dealing with re-housing and other special problems.

In the field of geriatrics our health visitor is able to supplement our own visits and enlist the aid of the Welfare Department, Home Help Service and Meals-on-Wheels.

Contact with the Mental Health Service is still mainly by telephone and we would like this to be improved; it might be useful to have more regular meetings with the Mental Health Officers to discuss patients.

We would also like to improve our re-habilitation service. We feel strongly that there is a need for an occupational therapist to be available from the Health Department to visit patients at home as a routine. In fact those who cannot leave their homes are in particular need. To be helpless and housebound is to have a double burden. We would ourselves benefit by the ideas a skilled occupational therapist would be able to give us.

From this brief report one principle may be obvious. It is that the general practitioner working on his own cannot provide adequate care for his patients; good medical care for the community requires good team work. It is better for members of the team to work in the same building if possible. This can be done more easily if a number of doctors can be persuaded to work together in a health centre without sacrificing their independence.

It would not however be economically possible for general practitioners to provide the facilities which we enjoy at the Halliwell Health Centre and we are grateful for the help we have received from the Borough Council of Bolton through their Health and Architect's Departments."

Comment:

It is agreed that the sound insulation between the examination and consulting rooms is not adequate, and steps are being taken to improve this.

Astley Bridge Health Centre:

Arrangements are being made to extend the local authority's clinic at Astley Bridge to accommodate two general practitioners who are losing their surgery because of a road widening scheme. It is hoped that the accommodation will be available towards the end of 1968.

Cannon Street Health Centre:

It is proposed to build a health centre in this area during 1969 to 1971 to accommodate six general practitioners.

Provision has been made in the five year estimates for another health centre, should general practitioners require one.

CARE OF MOTHERS AND YOUNG CHILDREN

Ante-Natal Clinics:

Clinics for patients booked for domiciliary confinements were held at the Civic Centre twice weekly throughout the year. The clinic on Tuesday afternoons was staffed entirely by midwives and enables them to carry out the routine ante-natal care of their patients. The clinic on Monday mornings was for new patients and those requiring a repeat blood test. Until September a doctor attended this clinic in addition to the midwives, but it was then decided that as all patients were under the care of a general practitioner obstetrician, there was no need for them to be examined by a local authority doctor as well. The midwives were therefore trained to take blood specimens from their patients and the clinic has been staffed by midwives only since October, 1967.

Three hundred and fifty-one new patients were registered during the year compared with 474 patients in 1966 and they made a total of 1,574 attendances. All patients at the first visit had a sample of blood taken for testing and repeat blood tests were taken as necessary during the pregnancy. A total of 657 blood samples were sent to the laboratory during the year. Maternity packs containing the sterile equipment necessary for domiciliary confinement were issued to 324 patients during the year.

Forty-four patients were referred from the clinic to Bolton District General Hospital because they were considered unsuitable for domiciliary confinement for the following reasons:-

Social conditions	10
Postmaturity	8
Multiparity	12
Breech presentation	4
Pre-eclamptic Toxaemia	3
Rhesus negative with antibodies	4
Rhesus negative	1
Foetal intra uterine death	1
Poor obstetric history and previous mental depression	1
TOTAL	<hr/> 44 <hr/>

Child Welfare Centres:

Attendances at child welfare centres in 1967 fell by 5,763 although the percentage of babies born to mothers taken to child welfare centres during their first year of life rose from 2,205 to 2,340.

Because of the rising standard of living, better education and the provision of a family doctor service for all, the role of the child welfare centre has changed. Today mothers attend centres for help and advice on a wider range of subjects than the traditional ones of feeding problems and infant morbidity.

Doubts as to whether centres were meeting present day needs led to the setting up in 1964 by the Standing Medical Advisory Committee of the Central Health Services Council of a Sub-Committee under the Chairmanship of Sir Wilfred Sheldon. Its terms of reference were:

“To review the medical functions and medical staffing of child welfare centres and to make recommendations.”

The Sub-Committee published its report late in 1967.

THE SHELDON REPORT:

The general conclusion reached by the Sub-Committee was of the continuing need for a preventive service to safeguard the health of children. More appropriately described as a Child Health Service than a Child Welfare Service, it considered that in the long term it should be part of a family health service provided by family doctors, working in groups from purpose built family health centres. Within this concept they made their recommendations on the proper function of the Child Health Service:-

ROUTINE MEDICAL EXAMINATIONS:

These should be made when the infant first attends the clinic, again at six months of age, and at about the time of each birthday until the fourth. The fourth birthday examination should be regarded as the pre-school examination unless the doctor considers that for this purpose a later examination is necessary. The routine examinations will coincide with various tests for specific handicaps.

ADVICE ON INFANT NUTRITION AND HYGIENE:

The doctor and the health visitor must continue to act as advisers in these matters.

DETECTION OF DEFECTS:

The early detection of physical, mental and emotional defects is a major duty of the child health doctor. More comprehensive assessment is a matter for referral through the family doctor to the hospital service.

Special tests must be made for specific physical disorders. Whenever one defect is present others should always be suspected.

Following detection of mental retardation parents should receive help from the doctor at the clinic.

The doctor and the health visitor have a unique part to play in the detection and management of emotional illness but child psychiatrists should not be regularly employed in child health clinics.

PARENT COUNSELLING:

Doctors working in the Child Health Service require an understanding of the psychology of the family as well as of the child and must give the time to listen to the anxieties of parents. There is advantage in arranging special discussion groups for parents with handicapped children.

HEALTH EDUCATION:

Health Education is so important a part of the Child Health Service that every effort should be made to develop it. To this end the health education officer should be fully used.

MEASUREMENTS :

The child should be weighed, undressed, at first attendance at the clinic and at subsequent birthday examinations. At these examinations heights should also be recorded.

IMMUNISATION AND VACCINATION :

The Medical Officer of Health should ensure that all children in his area receive immunisation and vaccination and in particular that suitable arrangements are made to follow up those who fail to attend. The practice of some local health authorities in issuing to a mother cards for recording the immunisation state of each of her children should be encouraged.

WELFARE AND PROPRIETARY FOODS :

National Dried Milk and proprietary infant foods and cereals need not be purveyed at child health clinics. If the local health authority wishes to continue to make these commodities available this should be organised as a separate activity.

VOLUNTARY HELP :

Voluntary workers give invaluable assistance. This might be enhanced if they were given more information about the aims of the service.

APPOINTMENT SYSTEM :

An appointment system with proper clerical and reception arrangements should be introduced wherever possible.

RECORDS :

A National Record Form for use at child health clinics is required. We recommend that the Standing Medical Advisory Committee should take such steps as are considered necessary for the production of such a form.

GENERAL :

In order to further the development of the Child Health Service along the lines we envisage, the formation of groups of family doctors, the building of health centres and the attachment of health visitors to general practice should be encouraged.

The need for medical officers of the local health authority in the Child Health Service will continue for some years to come. They - and general practitioners - must undergo special training.

ROLE OF THE HEALTH VISITOR IN CHILD HEALTH CLINICS :

The Child Health Clinics of the future must carry a high reputation for the quality of their work. They are an important part of the Child Health Service in its widest sense. Their aim should be to help to secure physical, optimum mental and emotional health of infants and young children.

Although the Sheldon Report is mainly concerned with the medical function and staffing of Child Health Centres, many of its recommendations are of vital importance to health visitors, who must be prepared to adjust their attitudes to changing circumstances and needs, and to conduct clinics under their charge on the lines suggested in the Report, within the framework of the local health authority's organisation.

As a first step in implementing the recommendations of the Sheldon Report, health visitors encouraged mothers to discontinue routine weighing of babies as a means of estimating their progress and health. It is hoped that in 1968 the “cult of the weighing machine” in child welfare clinics will have disappeared.

The opening of Halliwell Health Centre, the first purpose-built clinic premises for 28 years, heralded the beginning of the end of the era of child welfare clinics in dark and dismal rented halls.

In January the Wednesday child welfare clinic at the Civic Centre, was discontinued partly because of reduced attendances and partly because the clinic rooms were required for another purpose.

At the end of the year there were 18 weekly child welfare clinic sessions, and one fortnightly one. A summary of the work carried out is as follows :

					Number of Sessions			Total Attendances	
1966	950 40,487
1967	897 34,724

Details of attendances at different ages are shown in the following table :

Attendances at Child Welfare Centres

Age of Child	First Attendance	Subsequent Attendances	Seen by Doctor at Child Welfare Centre
Born 1967 ..	2,340	14,831	6,253
Born 1966 ..	684	12,498	4,689
Born 1962/65	244	4,127	2,227
TOTALS ..	3,268	31,456	13,169

The medical officers referred some of the children to consultants, always with the family doctor’s consent. Details of the 93 cases referred during the year are as follows :

Referred to	Ophthalmic Surgeon	20
„	„ Paediatrician	39
„	„ Orthopaedic Surgeon	15
„	„ General Surgeon	14
„	„ Dermatologist	2
„	„ E.N.T. Surgeon	2
„	„ Plastic Surgeon	1
					—
					93
					—

VACCINATION AGAINST POLIOMYELITIS:

NO. OF DOSES GIVEN AT CHILD WELFARE CENTRES		
1st Doses	2nd Doses	3rd Doses
2,344	2,117	2,064

VOLUNTARY WORKERS:

We are as always indebted to the workers who give invaluable assistance at the clinics. At most clinics voluntary helpers now assist with weighing babies where this is requested by the clinic staff, thereby freeing health visitors to carry out their proper function of sitting down and listening to individual mothers talking about their children's progress and offering advice as requested in a quiet setting away from the bustle of the main clinic area.

PAEDIATRIC CLINIC:

The number attending this clinic was 234, of whom 102 were new cases and 132 were follow-ups, and a total attendance of 334. It is felt that this clinic does serve a useful purpose, as it gives the type of service to the child which is quite impossible to give in a busy hospital out-patients. It also has the advantage of combining the work of the Paediatrician, School Medical Officers and health visitors, as each has his own special contribution to the care of the handicapped child.

On two occasions each year the clinic is held at Firwood Training Centre, so that the mentally handicapped children can be seen in their day-to-day environment and their special problems discussed with the staff at the centre.

No. of clinics held	42
No. of children attending clinics	234
No. of attendances made by children	334
No. of children discharged from clinic	66
No. of children transferred to B.D.G.H.	11
No. of children transferred to Child Guidance Clinic	4
Died	1

CATEGORIES OF CHILDREN ATTENDING CLINIC:

Mentally retarded	57
Pseudo-hypertrophic muscular dystrophy	4
Cardiac	3
Congenital heart	1
Speech	22
Vision	1
Hearing	24
Respiratory	8
Epileptic	10
Retarded development	4
Renal disease	1
Digestive	8
Cerebral palsy	8
Neurological	4
Genital urinary	1
Spina bifida and hydrocephalus	3
Disease of nervous system	1
Hypotonia	8
Cretin	4
Abdominal condition	1
Psychiatric	4
Blood	1
Allergy condition	2
Orthopaedic	15
Miscellaneous	39

HANDICAPPED REGISTER OF PRE-SCHOOL CHILDREN:

The handicapped register has been divided into 2 categories during 1967. The first group consists of children who are handicapped and are likely to remain so and the second of those who are handicapped at the moment and may be so for a short time but who by school age will not require special education. The second group contains the children with congenital dislocation of hip, gastro-intestinal disorders, eczemas, talipes and a miscellaneous group. It is of course possible to transfer a child to the first group if this proves necessary; for example, if a child with eczema develops asthma. There are now 153 children on the handicapped list and 149 children on the second list. It is hoped that it will be possible to give more time to the needs of the truly handicapped children in the future by the re-arrangement of the register.

An analysis of the handicapped children is as follows:-

DISEASE OR DEFECT	No. OF CASES
Rubella syndrome ..	2
Blood diseases	2 (Haemophilia & sickle cell anaemia)
Hydrocephalus and spina bifida	12
Mentally retarded ..	18 (phenylketonuria)
Vision	9
Cleft palate	8
Hare lip	10
Speech defects	14
Deafness	8 (+5 are not yet finally diagnosed)
Autistic	4
Asthma	6
Fibrocystic disease of pancreas	1
Epilepsy and convulsions	17
Orthopaedic	11
Mongols	8
Cardiac	24
Miscellaneous	7

The deletions occur automatically when the child reaches school age or if the defect ceases to need observation.

The children with heart disease attend the special cardiac clinic at Bolton District General Hospital and some of the more serious cases attend the Liverpool Heart Hospital. The mentally retarded children are seen mainly at the Handicapped Children's Clinic held at the Civic Centre every Wednesday, with a Consultant Paediatrician, Senior Medical Officer and Health Visitor present. A few are seen at the Firwood Training Centre where the Consultant Paediatrician now attends twice a year. Children with orthopaedic conditions are mainly seen at the Royal Infirmary by the Orthopaedic Surgeon but as these often have more than a single defect, they are seen at the Handicapped Clinic as well. Of the 116 children who have attended the Wednesday Clinic 63 are on the Handicapped Register.

CHILDREN "AT RISK"

Babies where there were indications that they might not develop normally, were placed on the "at risk" special register and examined at the three selected ages of 6 - 8 weeks, 6 - 9 months and 12 - 18 months.

Year	Number of babies on the 'at risk' register
1965	563
1966	566
1967	644

The health visitors carried out the modified Dr. Mary Sheridan standardized tests at these ages and referred those failing to the medical officers at the child welfare clinics. Other abnormalities were also noted and the following "at risk" babies were referred to the consultants concerned for the reasons given.

"At Risk" babies born in 1967 - 644.
Born 1966, referred in 1967.

REASON REFERRED

3 premature babies	1 had a naevus 1 had a large umbilical hernia 1 had a wide bridge to the nose with unequal sized eyes
1 premature and B.B.A.	A feeding problem
1 Caesarian Section	Baby had a naevus on the cheek
1 had blood transfusion	Had a strabismus
1 Spina bifida	Required circumcision

REASON REFERRED

Born 1967, referred in 1967	
2 premature babies	1 had a large umbilical hernia 1 had tongue-tie
1 premature breech delivery	Had talipes deformity of the left foot

The birth histories of those children who were put on the handicapped register in 1966 and 1967 were studied to see if a closer correlation could be found between the "at risk" group and those not at risk. It was found that there were 48 children with handicaps who were not "at risk" at birth and 44 who were.

DEFECT OR HANDICAP	YEAR BORN	AT RISK	NOT AT RISK
Cardiac	1966	4	5
	1967	6	4
	1964	1	—
Rubella syndrome	1966	3	—
	1967	2	—
Pierre Robin Syndrome . .	1966	—	1
Hemiplegia	1965	1	—
	1967	1	—
Retarded	1966	6	3
	1964	1	—
	1967	2	2

Mongol	1966	1	—
	1964	—	1
	1967	—	2
Hydrocephalus	1967	1	—
Retrolental fibroplasia	1966	2	—
	1967	2	—
Cataract of right eye	1967	1	—
Dyslalia	1964	1	3
	1965	—	4
Orthopaedic	1964	—	1
	1966	—	2
	1967	—	4
Achondroplasia	1965	—	1
Brain damage (accidental)	1965	—	1
Rickets	1966	—	1
Convulsions & Epilepsy	1966	1	1
	1967	—	1
Hare lip and cleft palate	1966	—	—
	1967	1	—
Primary pituitary dwarf	1967	1	—
Pseudo-hypertrophic muscular dystrophy	1967	1	—
Fibrocystic disease of pancreas	1966	1	—
	1967	1	—
Deafness	1966	1	1
	1967	1	2
Miscellaneous	1966	—	2
	1967	1	—
Spina bifida	1966	—	1
	1967	—	4
TOTAL		<u>44</u>	<u>48</u>

Although it is known that rubella contracted early in pregnancy often produces congenital heart lesions, there are a large number of children with congenital defects that are not detected at birth. There appear to be as many children born with heart defects that were born “At Risk” as those that were not. Dyslalic children do not appear at least until 2 years of age and the majority after 3 years of age, and most of these were not born “at risk”.

There were very few children that were reported as suffering from convulsions or epilepsy under the age of 3 years. From the figures it can be seen that only 3 were reported born during 1966 or 1967 but that 17 appear on the handicap register of pre-school age.

It is of interest to note that as many as 15 children out of a total of 22 are already diagnosed as retarded before the age of 2.

The original hope that an "at risk" register might concentrate surveillance on some 20% of infants born and yet effect the early detection of probably 80% of all handicaps has not been fulfilled. In fact, nearly 50% of children who eventually came on to the handicapped register were not born "at risk" according to the present method of selecting "at risk".

The "at risk" arrangements continue under critical appraisal.

Congenital Abnormalities:

The number of congenital defects reported during 1967 has decreased from the 31 notified in 1966. Twenty two were notified and these are as follows:

Spina bifida	3
Congenital dislocated hips	1
Bilateral talipes	2
Left talipes, calcaneo valgus	1
Fibrocystic disease of pancreas	1
Pilonidal sinus	1
Severe micrognathia, aspiration into chest, deformed wrist	1
Hare lip	1
Hare lip and cleft palate	1
Deformed right ear	1
Deformed left hand (no fingers)	1
Deformed feet: (4 toes left foot, 3 toes right foot)	1
Webbed toes left foot	1
Extra thumb right hand	1
Imperforate anus	1
Meningocele	2
Anencephalic	2

Of these, 14 are on the handicapped section of the Register and 9 were born "at risk".

"The main purpose of the scheme for the notification of malformations in new born babies is the early detection of any trends, resulting from the use of drugs or exposure to any environmental factor such as an epidemic of virus disease during the mother's pregnancy. In order that this can be done effectively, notification must be received and the data processed as early as possible. This means that the enquiry is limited to malformations observable at birth".

The above is an extract from the Annual Report of the Chief Medical Officer of the Ministry of Health for the year 1965.

This decrease may be due to lack of notification or to congenital defects being diagnosed after birth rather than at birth.

Ascertainment of Deafness in Young Children - Screening Tests of Hearing:

The hearing of young children is screened using the tests devised in The Department of Audiology and Education of The Deaf of Manchester University. At the end of 1967, 15 full-time health visitors, 3 part-time health visitors and 4 school nurses were trained to use these tests.

The babies were selected for testing at the age of eight months if they were considered to be in any way "at risk". The decisions as to whether a child was "at risk" was made by the health visitor, after her primary visit to the home, when she obtained details of the mother's ante-natal and obstetric history and of the baby's neonatal history.

Children not at risk were also tested if there was any delay in talking, or other reason to suspect that they might have some hearing loss.

If a child failed the first hearing test, it was tested a second and if necessary a third time. It was only when a child had failed three hearing tests that it was referred for a medical opinion.

There was again a slight increase in the number of children tested from 673 in 1966 to 714 in 1967. Sixteen (2.3%) of these children failed three tests compared with nineteen (2.8%) children in 1966. After further investigation at The Department of Audiology in Manchester one of these children was diagnosed as deaf and he now has a hearing aid. Four other children were found not to be deaf after further tests. The remaining eleven children were still under consideration at the end of the year. Three mentally handicapped and one physically handicapped children were being kept under observation by Dr. W. Dickson, Consultant Paediatrician; two children were waiting to be tested at The Department of Audiology; two had a history of otitis media and were being treated by Mr. G. Mowat, Consultant E.N.T. Surgeon; one had had her tonsils and adenoids removed and is now waiting to have a further hearing test; one had left the district and the last child had been seen at The Department of Audiology, where she was considered to have some hearing difficulty, but she is to have her ears examined by Mr. Mowat before further action is taken.

Results

	Under 1 year	%	1 to 2 years	%	2 to 5 years	%	Totals	%
Number tested ..	553	77.5	113	15.8	48	6.7	714	100
Passed—								
1st Test ..	504	91.1	96	84.9	37	77.1	637	89.2
2nd Test ..	33	6.0	11	9.7	4	8.3	48	6.7
3rd Test ..	10	1.8	2	1.8	1	2.1	13	1.8
Failed 3 Tests ..	6	1.1	4	3.6	6	12.5	16	2.3
Diagnosed—								
Deaf	0	0	1	0.9	0	0	1	0.1
Not Deaf ..	1	0.2	1	0.9	2	4.2	4	0.6
Under consideration	5	0.9	2	1.8	4	8.3	11	1.5
Where tested—								
At home ..	440	79.6	85	75.2	40	83.3	565	79.1
At clinic ..	84	15.2	27	23.9	8	16.7	119	16.7
At nursery ..	3	0.5	0	0	0	0	3	0.4
At surgery ..	26	4.7	1	0.9	0	0	27	3.8

During 1967 nine children who had failed three hearing tests in 1966 were investigated further. Three of these children were treated by Mr. Mowat. Two of the three children being kept under observation by Dr. Dickson passed a fourth hearing test and the third child was referred by Dr. Dickson to The Department of Audiology, where he was considered to have a possible slight conductive hearing loss. In view of this he was referred to Mr. Mowat for treatment. The other three children were waiting to be seen at the Department of Audiology at the beginning of 1967 and two of them were seen during that year. One child was found to have normal hearing and in the case of the other child no report from Manchester is yet available. The third child failed to keep her appointments at The Department of Audiology but was reviewed by Dr. Dickson who considered her hearing to be within normal limits.

The Psychological Testing of Children under Two:

One of the medical officers is trained to use the Griffith Mental Development Scale for the psychological testing of children under two years of age.

During the year a total of fifteen children were tested for the following reasons:-

General backwardness	7
Delay in motor development	2
Hydrocephalus and spina bifida	1
Possible minimal cerebral palsy	1
Phenylketonuria - under treatment	1
Cretinism - under treatment	1
Possible pituitary defect	1
Autism	1

Twelve of the children tested were referred by Dr. W. Dickson, Consultant Paediatrician, two were referred by departmental medical officers and one was referred by a general practioner.

ROUTINE TESTING OF BABIES FOR PHENYLKETONURIA:

Health visitors carry out the simple test of urine of all babies at about six weeks of age. No cases of phenylketronuria were found.

Care of Unmarried Mothers:

In 1967 the Moral Welfare Worker dealt with 143 cases, 16 of these were girls aged 16 years or less

	1967	1966	1965	1964	1963
Total No. of girls aged 16 years and under who gave birth to live babies	16	24	14	11	12
Ages of mothers at date of birth of their babies:					
Age of mother last birthday:					
16 years	6	16	7	5	10
15 years	8	5	7	4	1
14 years	2	3	-	2	1

There has been a reduction in the number of girls aged 16 years and under who gave birth to live babies, although the number of 15 year old mothers is the highest since 1962. The problem of lack of suitable accommodation for the very young single mother and her child is becoming more acute. The lack of amenities in some of the houses in multiple occupation where landlords may accept these girls as tenants constitutes a grave risk to the health of their babies.

Family Planning:

Towards the end of the year the Health Committee considered the National Health Service (Family Planning) Act, 1967, which confers on local health authorities in England, Ireland and Wales power to make arrangements for giving advice on contraception on social as well as medical grounds. Arrangements for this service were made with the Bolton Branch of the Family Planning Association. It was also agreed that where necessary a domiciliary service and other family planning clinics be established.

At the Civic Centre there were 1,466 patients who had previously attended and 524 new patients. The number of clinics held was 44. A clinic for patients taking the contraceptive pill was also held at the Civic Centre each Thursday. There were 17 sessions with 359 patients who had attended previously and 28 new patients. At Tipping Street, there were 638 patients who had previously attended and 165 new patients. The number of clinics held was 48.

Distribution of Welfare Foods:

Sales of Welfare Foods at the Civic Centre and child welfare clinics during the past three years were as follows:-

Commodity	1965	1966	1967
National Dried Milk	13,488 tins	11,418 tins	8,106 tins/packets
Cod Liver Oil	3,508 bottles	3,230 bottles	3,110 bottles
Orange Juice	42,161 bottles	40,848 bottles	43,175 bottles
Vitamin A & D tablets	3,863 packets	3,346 packets	3,021 packets

Included in these sales were issues to the following institutions:-

NATIONAL HEALTH SERVICE INSTITUTIONS	National Dried Milk	..	102 tins/packets
	Orange Juice	396 bottles
DAY NURSERIES	National Dried Milk	..	1 tin
	Cod Liver Oil	72 bottles
	Orange Juice	756 bottles

Day Nurseries:

There are four day nurseries and they provide potential accommodation for 174 children.

Nursery	Accommodation	Average daily attendance	
		1966	1967
Lowndes Street	43	43	43
Shaw Street	50	43	46
Merchall	47	45	42
Roxalina Street	50	41	43
TOTALS	190	172	174

During the year 398 children attended the nurseries and the following were social cases in various categories:

Separated parents	58
Divorced	9
Unmarried mothers	77
Doctors' recommendations	14
Confinements	11
Ill-health of either parent	18
Desertion of mother or father	16
Widow	2
Imprisonment of father	5
Unsuitable home conditions	19
Deceased mother	3

TOTAL	<u>232</u>
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OTHER REASONS:

Financial	112
Mother's profession (nurses-teachers)	50
Sponsored by Lancashire County Council	4

TOTAL	<u>398</u>
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Throughout the year the routine medical supervision of nursery children in the care of the Local Authority has been carried out by a medical officer of the Health Department. Visits were made weekly to the nurseries in rotation. The children, except for those whose parents refused consent, were immunized against diphtheria, whooping cough and tetanus and vaccinated against poliomyelitis.

TRAINING OF NURSERY NURSES:

Twenty-eight students of the Bolton Training Centre, 40 Chorley New Road, were awarded the Certificate of the National Nursery Examination Board. After qualification three went to do the Premature Babies Course, two went for hospital training and one went to work on the Premature Babies ward at the Bolton District General Hospital.

Nurseries and Child-Minders' Regulation Act, 1948:

Under this Act the Bolton Health Authority has registered two Industrial Nursery premises where children are received for a substantial part of the day while their mothers are at work.

During the year the authority has also enlarged its register of premises and private households where play groups have been set up. By the end of 1967 there were 16 play groups, catering for 175 children, compared with 10 play groups catering for 79 children at the end of 1966. These play groups enable the under fives to play with other children in a secure place with adequate supervision.

With the shortage of day nursery and nursery school accommodation, the play groups have been beneficial to the under fives. The children who attend are not only those of working mothers but of mothers who have little ones who benefit by the company and activity of others.

In some of the groups, there are socially and physically handicapped children who are now made happier.

A newly-formed local branch of the Pre-school Play Groups' Association has helped to co-ordinate the running of the play groups on modern nursery school lines.

This work with the under fives is most important and a medical officer and health visitor of the Health Department give supervision, advice and help during regular visits to the nurseries and play groups.

Dental Treatment:

I am indebted to Mr. A. E. Shaw, the Principal School Dental Officer, for the following information and comments.

“Expansion of the Priority Dental Services is still restricted by recruitment difficulties, but dental treatment was given to all referred patients and to all cases seeking treatment at the various dental clinics.

Patients from the Cotton Street Training Centre received dental inspection and treatment at the Robert Galloway Clinic.

Dental Arrangements

Number of dental treatment centres in use at the end of the year for services shown below	4
Number of dental officer sessions (i.e., equivalent complete half-days) devoted to maternity and child welfare patients during the year ..	81

Analysis of Priority Dental Care

	Expectant and Nursing Mothers	Children under five
Examined	36	308
Commenced treatment	18	176
Courses of treatment completed	14	176
Scalings and Gum Treatment	3	1
Fillings	17	67
Crowns and inlays	—	—
Extractions	49	276
General Anaesthetics	4	155
Dentures provided: Complete	3	—
Partial	6	—
Radiographs	1	2

Physiotherapy:

During 1967 remedial exercises were given for the correction of flat feet, round shoulders and poor posture, and also breathing exercises and postural drainage, to children referred from the school clinics. Children attending the infant welfare clinics were referred for treatment for knock knees, flat feet, bow legs and intoeing.

Ultra-violet light sessions were held twice weekly for school children and twice weekly for infants throughout the year. Ultra-violet light sessions were also held twice weekly at Lostock Open Air School from September to March. Postural drainage was supervised at these sessions and also once weekly throughout the summer term.

Relaxation classes for expectant mothers were held each morning, and on Tuesday afternoons in conjunction with the Mothercraft Class. During the summer months additional relaxation classes were held on Monday afternoons. In October, relaxation classes were started at the Halliwell Health Centre on Wednesday afternoons in conjunction with the Mothercraft Classes, patients being drawn from the Halliwell area, Astley Bridge, and the lower end of Chorley Old Road and Tonge Moor Road.

Treatment was given throughout the year to patients referred from the Geriatric Clinic.

From January onwards the physiotherapist attended on one morning each week at the Firwood Training Centre, and on one afternoon each week at Cotton Street Adult Training Centre where, in June, exercises were begun in which all the girls participated.

SUMMARY OF WORK:

	MASSAGE AND EXERCISES	BREATHING AND POSTURAL EXERCISES
No. of Patients	87	27
No. of Treatments	490	419
No. of New Patients	79	21

	ULTRA-VIOLET LIGHT		
	PRE-SCHOOL CHILDREN	SCHOOL CHILDREN	LOSTOCK OPEN AIR SCHOOL
No. of Patients	179	190	—
No of Treatments	1,602	2,531	2,010
No. of New Patients	135	144	—
No. of Sessions	43	45	—

	EXPECTANT MOTHERS - RELAXATION CLASSES		
	NO. OF PATIENTS	NO. OF NEW PATIENTS	NO. OF ATTENDANCES
Domiciliary Midwifery			
Service	69	67	448
Maternity Homes.. .. .	321	262	1,369
Own Doctors	18	14	78
Bolton District General			
Hospital.. .. .	45	40	200
Halliwell Health Centre	17	17	74

	TRAINING CENTRES		
	FIRWOOD	COTTON STREET	
No. of Patients	7	4	} Plus exercises for all girls
No. of Treatments	165	111	

GERIATRIC PATIENTS							
No. of Patients	11
No. of New Patients	8
No. of Attendances	56

MIDWIFERY

Domiciliary Staff:

The establishment of ten midwives has remained complete during the year.

Two full-time midwives and one part-time midwife resigned during 1967 - all were expectant mothers who wished to devote full-time to the role of motherhood. One midwife was granted maternity leave for three months, resuming full-time duties in October, 1967. The vacancies were filled with one full-time midwife and one part-time midwife in June and December, 1967 respectively.

The group system continues to work well. Midwives consult with, and pass information to, health visitors. This is done at the weekly health visitor group meetings.

Distribution of Births:

There were 296 domiciliary births, a reduction of 56 on the previous year. The following table shows the distribution of births, and comparisons with previous years.

	1965	1966	1967
Total Births	2,822	2,685	2,792
Domiciliary	473	352	296
Bolton District General Hospital	1,509	1,355	1,496
Maternity Homes	817	902	980

The number of babies born to Bolton mothers in maternity establishments outside Bolton, excluding Bolton District General Hospital, totalled 24.

Domiciliary Confinements:

Municipal midwives were in attendance at 296 confinements. Visits were made as follows:

Ante-Natal visits	1,836
Nursing visits during the puerperium	5,663
1. Patients delivered at home	4,242
2. Patients discharged home early from hospital	1,421
Post-Natal visits	105
Social condition reports at request of B.D.G.H.	6
Ineffective visits to households	556
Giving of Imferon injections	264

The midwives undertook the ante-natal care of 65 patients who had been booked for confinement at home but were delivered in hospital because of possible complications. Some of these were discharged home, usually forty-eight hours after delivery, to the care of the domiciliary midwives. Twenty of the above patients were attended in their homes by midwives until emergency admission to Bolton District General Hospital.

General Practitioner Ante-Natal Clinics:

Midwives attended four ante-natal clinics weekly and one ante-natal clinic monthly in general practitioner surgeries.

More ante-natal care in future will be carried out by the general practitioner with the assistance of the domiciliary midwife. This means that the midwife does not only rely on the doctor to help when a major obstetric emergency arises, but she works with him from the beginning of the pregnancy. This team work should prove beneficial to patient and midwife, to ensure good ante-natal care.

Analgesics:

The "Entonox" apparatus is used by all domiciliary midwives in preference to the Trichloroethylene (Trilene) apparatus.

During the year analgesics were administered as follows:

Nitrous Oxide and Oxygen Analgesia (Entonox)	..	119 cases
Trichloroethylene (Trilene)	66 cases
Pethidine was used for	50 cases

Early Discharge of Maternity Patients from Hospital:

The practice of early discharge is now well established. Nursing in the home of selected early discharge patients continues to work smoothly.

The non-selected patients discharged from Bolton District General Hospital and the Maternity Homes give rise to concern.

During 1967 there has been a marked increase in patients discharged home early from the maternity homes. Many of these patients were confined in the maternity homes because of social conditions; therefore no assessment visit was made for early discharge by the domiciliary midwives. Some of these patients are very difficult to nurse at home in the early days of the puerperium because of inadequate preparations and NO domestic help.

Selected patients for early discharge are visited by the domiciliary midwives twice during the ante-natal period. The second visit to each patient has proved to be well worth-while. The patient appreciated the midwife visiting a second time, when she was able to discuss problems and seek advice about the coming confinement.

	1966	1967
No. of investigations requested by Bolton District General Hospital.. .. .	338	331
No of investigations NOT suitable for early discharge ..	41	65
No. of selected early discharge patients nursed by domiciliary midwives	301	272
No. of patients discharged home after 48 hours - not selected	68	93
B.D.G.H. ..	68	48
Mat. Homes	-	45

Lack of assistance, or inadequate assistance, is still prevalent in the selected early discharge patients, and this is despite the assurance given to the midwife, when the patient was assessed during the ante-natal period, that adequate help would be forthcoming.

Details are as follows:

No Help	Dependent on Neighbours	Mother or Mother-in-law	School children	Husband		
				On Holiday	Off Work	Unemployed
4	10	2 (Part-day) only 3 (2-4 days) only 15 (1 week) only	School-girls 8-16 yrs. 7 Schoolboys 8-10yrs. 2	1 week, 22 2-4 days 4	1 week, 10 2-4 days 1 Husband on nights 2	8
TOTALS						
4	10	20	9	26	13	8
90						

Forty-eight patients not selected for early discharge were discharged home early from Bolton District General Hospital. Thirty-three of these were discharged at the request of Bolton District General Hospital for various reasons.

Details are given below :

Stillbirths	Baby died	Mongol baby fibro-cystic disease	Baby trans. to Pendlebury Hospital	Abnormal baby	Mother patient of Dr. Leyberg
19	7	1	1	3	2
TOTAL					
33					

Forty-five patients not selected for early discharge were discharged home from Maternity Homes. Many took their own discharge. Some were discharged at the request of the general practitioner.

Details are given below :

Premature baby trans. to B.D.G.H.	At request of general practitioner	Took own discharge	Stillbirth	Mongol	Baby trans. Pendlebury Hospital	Baby died
1	8	32	1	1	1	1
TOTAL						
45						

Medical Aid:

Medical aid was sought by domiciliary midwives on 75 occasions from doctors for the following conditions:

RELATING TO MOTHER:										No. OF
ANTE-NATAL CONDITIONS										CASES
Ante-partum haemorrhage	3
DURING LABOUR:										
Breech presentation	2
Delay in 1st stage of labour	3
Delay in 2nd stage of labour	3
Episiotomy	2
Early rupture of membranes	4
Foetal distress	4
Impacted shoulders	1
Incomplete abortions	3
Perineal tear	15
Post-partum haemorrhage	2
Premature labour	3
Labial lacerations	1
Retained placenta	2
Uterine inertia	1
Undiagnosed twins	1
Unbooked cases	7
DURING THE PUERPERIUM:										
Acute mental depression	1
Hypertension	1
Phlebitis of leg	2
RELATING TO THE CHILD:										
Asphyxia Pallida	1
Atelectasis	1
Blue Asphyxia	3
Coombs test positive	1
Extra digit on right hand	1
Imperforate anus	1
Micrognathia	1
Sticky eyes	3
Twitching of head and hand	1
Thrush	1

Flying Squad:

No patients required the services of the Emergency Obstetric Team from Bolton District General Hospital during 1967.

Testing for Congenital Dislocation of the Hip:

Midwives continued to test all babies born at home. No case of congenital dislocation was detected in 1967.

Refresher Courses:

Two midwives attended a post-graduate course at Oxford University. Four midwives attended sessions of a conference in Preston, organised by Lancashire County Council.

Health Education:

Midwives continue to assist with the teaching at the Mothercraft Classes held at the Civic Centre and Halliwell Health Centre.

Sterile Maternity Packs:

The sterile pack, which was introduced for a trial period during 1966, has now been issued for use to all domiciliary midwives.

Each Set contains the following:

2 Bowls	2 prs. Artery Forceps
1 Gallipot	1 pr. Cord Scissors
2 Receivers	1 pr. Dissecting Forceps
1 - $\frac{1}{2}$ pt. jug	Needle and Nylon Thread for stitching

The midwives appreciate this service which has proved to be most useful when they are called to non-booked or emergency cases. There is less risk of infection to mother or baby, as the pack is not opened until the patient is ready for delivery, and therefore a higher standard of sterility is maintained. Also, midwives' time is not taken up sterilising equipment after a delivery.

Oxygenaire Portable Incubator:

This incubator was purchased in August, 1967, for use in transporting small or ill babies to hospital. The cot is stored at the Ambulance Depot where it is kept at a constant temperature. The temperature can be maintained during transit by connecting to the battery in the ambulance. Therefore babies are transported to hospital under the best possible conditions, and loss of heat is avoided. Also, if required, oxygen can be administered to the baby in the incubator en route to hospital.

The cot was used ten times during 1967 for transporting four premature babies born at home, four babies born at home without medical attendance at birth and two ill babies.

Cases which should have been delivered in Hospital and refused Hospital admission:

No.	Gravida	Reason	Result
1	6	Late booking-10 years since last baby	Transferred to B.D.G.H.-post-maturity. Foetal distress. De-veloped phlebitis of leg during the puerperium.
2	2	Previous forcep deliveries	Satisfactory
3	11	Previous history of P.P.H. and anaemia. Unbooked case	B.B.A. Premature baby, 34 weeks gestation. Mother and baby transferred to hospital.
4	6	Undiagnosed twins	Babies transferred to B.D.G.H. Mother refused to go to hospital
5	4	Previous history of breech pres-entation. Forceps to after-coming head	Normal delivery. P.P.H.
6	4	Undiagnosed twins	Premature birth of twins at home. Mother and babies transferred to hospital. One baby died after 24 hours
7	0	Primipara. Age 14 years Unbooked case. No ante-natal care	B.B.A. at home. Mother and baby transferred to hospital. Baby died 14 hours after ad-mission
8	0	Primipara. Age 16 years. Un-booked case. Attempt to con-ceal birth. Baby born 11 a.m. No medical aid sought until 11.30 p.m. Police summoned midwife	Mother transferred to B.D.G.H. 12 hours after birth with retained placenta
9	10	Multiparity. Low Hb.	Normal delivery. Satisfactory

HEALTH VISITING

Staff:

At the end of the year staff comprised :

- Superintendent Nursing Officer
- Deputy Superintendent Health Visitor/School Nurse
- 4 Group Advisers
- 3 Field Work Instructors

35 Health visiting staff comprising:

Qualified Health Visitors	24 (equivalent)
School Nurses - S.R.N.	8
Centre Nurse - S.E.N.	1
Health Assistants (unqualified)	2 (equivalent)
Clinic Nurse	1 (equivalent)

ESTABLISHMENT:

- Superintendent Nursing Officer
- Deputy Superintendent Health Visitor/School Nurse
- 4 Group Advisers
- 3 Field Work Instructors
- 35 Health Visitors
- 1 Clinic Nurse

STAFF SHORTAGES:

Five health visitors completed their training during 1967, at the Bolton Institute of Technology and joined the staff in September.

Recruitment of candidates seeking sponsorship for training as health visitors improved in 1967, probably due in part to the recruitment campaign initiated by the Council for the Training of Health Visitors. Attractive publicity leaflets may have helped to interest senior schoolgirls in Health Visiting as a career.

Five students were selected for training, including a male state registered nurse with a psychiatric nursing qualification. One student withdrew before the course started.

ORGANISATION AND METHODS SURVEY:

For a fuller report see page 60.

STAFF TRAINING:

Health visitors attend courses at five yearly intervals to keep them up to date and well informed on all aspects of community health and welfare problems and current social legislation.

The Superintendent Nursing Officer attended the Annual Conference of the National Association for Maternal and Child Welfare at Cardiff; and a Conference for Principal Nursing Officers and Senior Nurse Administrators organised by the Nuffield Centre for Hospital and Health Service Studies at Leeds.

The Health Visiting Officer attended the Summer School organised by the Central Council for Health Education at Neuadd Reichal, Bangor, and two health visitors attended a Summer School organised by the Health Visitors' Association at Cambridge. Three Field Work Instructors attended a day-release course at Bolton Institute of Technology during the 1966-67 academic year to prepare them for the important work of instructing student health visitors.

Study Day:

In November a Study Day for Public Health Nursing Staff was organised. Dr. R. Tepper, Consultant Geriatrician, Bolton District General Hospital, talked on "The Physical Aspects of Ageing" and Mr. K. Nightingale, Lecturer in Psychology, Bolton Institute of Technology on "The Social and Emotional Aspects of Ageing". Invitations to take part were extended to other health and welfare social workers in Bolton and surrounding areas as well as the local Hospital Matrons, Ward Sisters and Nurse Teaching staff, and members of the Medical Social Department. Students in training at the Bolton Health Visitor's Training Centre also attended. The morning programme was repeated in the afternoon to enable the maximum number of workers to attend.

Lively and stimulating discussions followed the lectures with contributions from workers holding many diverse points of view on the subject of ageing and its problems. We are grateful to our Lecturers for their excellent talks which contributed to a very successful Study Day.

Training of Student Nurses and Other Visitors:

The Medical Officer of Health and the Deputy Medical Officer of Health gave lectures to student nurses and the Superintendent Nursing Officer gave lectures to the nurses at Bolton School of Nursing in accordance with the requirements of the General Nursing Council's syllabus.

Three student health visitors were placed with the Field Work Instructors for their practical training during the 1967-68 Health Visiting Course.

A total of 181 hospital student nurses in training at Bolton School of Nursing visited the Health Department, 88 of them during their first year of training to observe the work of the ante-natal clinic, mothercraft classes and child welfare clinics, and 93 of them at the end of their three years' training to spend a day accompanying health visitors on a wide variety of home visits.

We were pleased to arrange similar visits for 20 pupil nurses training for assessment for the roles of State Enrolled Nurses. This practical experience was followed by a meeting of the student and pupil nurses and Health Department staff. Points of interest raised during the visits led to interesting discussions, and gave a clear indication that these young students had gained insight into some of the social problems of the community and of the way in which local authorities endeavour to deal with them.

Student nurses were unanimous in their opinion that one day spent in accompanying a health visitor did not allow sufficient time for them to observe the very wide range of home visits and other duties that she carries out. We look forward to the later months of 1968 when the first student nurses to complete their training under the 1962 Experimental Syllabus of the General Nursing Council, will spend a full week for practical-work placement with health visitors.

Other visitors to the department who wished to observe the work of health visitors included students attending the Course for Welfare Assistants organised by the Liberal and Social Studies Department of Bolton Institute of Technology, four student Nurse Tutors taking the experimental one year course at the College of Education (Technical) Bolton, and as in previous years five students studying for the Certificate of Social Work at Manchester College of Commerce. Towards the end of the year hospital student nurses taking obstetric experience as part of their general training visited the department to spend a half day with the district midwives and a half day visiting the child welfare centres. Several student teachers and other workers carrying out various studies sought advice about subjects of health and welfare.

Home Visits:

The total number of visits paid by health visitors increased by 2,036 to 35,739 although the number of ineffective visits to householders also rose by 531 to 4,917. This is a time-wasting and non-productive aspect of their work, which seems to be limited to health visitors with their unique function amongst social workers of providing a continuing service to families and individuals in the community rather than to sections of the public in need at certain times.

The increased number of visits is due not only to the improved staffing position but also reflects the increase in productivity following implementation of the recommendations on the Work Study report on the Health Visiting Service. More car allowances were provided and there was a considerable reduction in the clerical work carried out by health visitors. It is hoped that this trend will continue and that more progress will be made in visiting the elderly. During the year out of an estimated population of 22,000 persons aged 65 years and over, health visitors made contact with only 1,332, approximately 6%. The attachment of health visitors to general practices (reported elsewhere) should lead to a marked improvement in this area of their work.

Analysis of Home Visits

First visits to babies born 1967	2,780
Subsequent visits to babies born 1967	6,343
Visits to children born 1966	5,380
Visits to children born 1962/5	6,788
Infectious disease visits	207
After-care visits	177
Visits to mentally disordered persons	131
Persons aged 65 and over	3,582
Visits in connection with priority rehousing on medico-social grounds									460
Miscellaneous visits	4,974
Ineffective visits to households	4,917
TOTAL	35,739

Tuberculosis Visiting:

One full-time health visitor carried out the duties of after-care of tuberculosis patients. She was assisted at Chest Clinic sessions by a part-time clinic nurse.

Tuberculosis Visiting:

	1966	1967
Number of visits to patients	219	281
Number of ineffective visits	50	58

Visits to tuberculosis patients and their contacts increased during the year, by 62, mainly to Asian immigrant families.

Geriatrics:

The health visitor appointed to work mainly with elderly persons in close co-operation with the Consultant Physician in Geriatrics has now developed her work into a well defined pattern involving the following aspects:

Domiciliary visits accompanying the Consultant for assessment of patients referred for hospitalisation, by general practitioners.

Initiating local authority services for patients not admitted to hospital.

Revisits to assess that any services provided are meeting the needs of the patients.

Supervision and support of selected patients on discharge from hospital.

Support and advice to relatives caring for elderly persons.

Liaison between the Geriatric Unit, general practitioners and local authority staff.

Follow up visits to patients attending Geriatric out-patient clinics.

Health Education for the elderly and other groups.

Help and advice to district health visitors on problems affecting the elderly.

Organising the weekly Geriatric Advice Clinic at the Civic Centre, and counselling and teaching on matters of particular interest to the elderly persons who attend.

Number of domiciliary visits paid by the Geriatric Consultant accompanied by the specialist health visitor - 480.

Paediatrics:

The excellent relationship that exists between the Health Department staff and the Consultant Paediatrician and his staff continued during the year. Health Visitors find that the opportunity of joining the Ward Round is of great value in keeping them informed of developments in the detection and treatment of paediatric conditions.

Health Education:

The appointment of a male health visiting officer to co-ordinate and develop all aspects of health teaching in the health visiting section has led to a marked increase in the volume of teaching carried out during 1967.

In my last report mention was made of the expanding duties of the health visitor in the field of health education. On page 76 of this report a statistical table is presented which, for the most part, is a reflection on this development.

Though this year shows a large increase in the amount of formal Health Education it amounts to only 2% (approximately) of the health visitors' time. It seems a pity that pressure of other duties only allows this amount of time to be devoted to such vital work.

Many opportunities exist to increase the work, i.e., the new G.P. ante-natal clinics, the number of clubs for the elderly as well as the large force of factory workers who are totally neglected, not to mention the increased activities in schools.

It could be that the provision of a more comprehensive background material and visual aids service would save much preparation and thus allow for more time to be given to actual teaching.

A summary of health education activities follows:

MOTHERCRAFT: The importance of mothercraft at both ante-natal and school level is now being increasingly recognised and is one of the prime responsibilities of the health visitor. The ante-natal classes are now being held thrice weekly, two at the Civic Centre and one at Halliwell; there has been a slight increase (+55) in the attendances this year. Eight (8) schools receive courses of lectures in child care, some of them in preparation for the C.S.E. or the N.A.M. and C.C. examination in Child Care.

SCHOOL HEALTH EDUCATION: An extremely wide area of subjects is covered in schools besides the mothercraft classes. Opportunity has been given by one boys' school for a term of weekly talks to be given, while in other schools we take either short courses or single sessions. Some of the topics are Mental Health; Physically handicapped; Preparation for family life, courtship and marriage; Illegitimacy, Smoking, Alcohol, etc.

MOTHERS' CLUBS: These continue to be very active and popular, there is a welcome tendency to broaden them into Young Wives' Groups. The opening of the Halliwell Health Centre now brings these clubs up to 4.

ELDERLY: Excellent co-operation exists between the various clubs for the elderly and ourselves. An increased number of talks was given to them this year, but there is scope for much more to be done.

Other work includes the direction of visits of observation to the department and the supply of speakers to a number of voluntary organisations.

The future is again full of opportunities particularly in relation to the close liaison between the G.P. and the Health Visitor, which opens the way for "small group" health education, where the close contact of the health team with the client engenders a rapport most conducive to constructive teaching aimed at prompting the good physical and mental health of the individual and the family.

Liaison with General Practitioners:

Re-organisation of the health visiting service as recommended by the O and M Study of Health Visiting in Bolton 1966/67 presented an oppor-

tunity to complete plans for the attachment of all health visitors to general practices. In October the change-over was completed and health visitors ceased to work in geographical areas.

At the time of the change-over there were 72 doctors in 47 practices, 26 of them being single doctor practices, 18 being two doctor practices, 2 were three doctor practices, and 1 was a four doctor practice. 27 district health visitors were in post and were allocated to groups of practices according not only to the number of patients on their lists, but also to other factors such as the relative proportion of elderly patients, young children and immigrants.

Health visitors retained their other local authority duties including health teaching and responsibility for nursery and infant schools, child welfare and other clinics, and hospital liaison. Ideally the health visitor should be based at the practice premises, but this is only possible at Halliwell Health Centre, which started functioning in September.

From the beginning care has been taken to avoid rigidity and to let the scheme develop in a flexible manner according to the needs of individual practices and the attitudes of personnel involved. Already several well-baby clinics have been started. It is envisaged that as the attachment schemes progress, general practitioners will request more help from health visitors, in which case there may be need for an increase in the establishment of staff.

The Prevention of Break-up of Families:

The health visitor who worked solely with problem families resigned to take up an appointment with the Children's Department, and was not replaced. As envisaged last year social case work in depth is increasingly being carried out by social workers in other disciplines, whereas health visitors are devoting more time to screening programmes, development assessments testing and health teaching. Nevertheless, most health visitors have responsibility for supervising a proportion of families who fail to reach a standard of living acceptable to the rest of the community.

As health visitors get to know the patients of the practices to which they are attached, it is in this area of their work that they are most likely to be able to relieve general practitioners of one of their heaviest burdens.

The Care of Problem Families by the N.S.P.C.C. Visitor:

During the year, the visitor has had 29 cases under her supervision. Twenty-five of these were carried forward from the previous year. There were four new cases involving 12 children. Eleven cases were closed as satisfactory and 18 cases were still under supervision at the end of the year. All told, 973 visits were made during the year. Of these, 540 were visits of supervision and 433 were miscellaneous visits to hospitals to see almoners and patients, W.V.S., Children's Department, Health Department, Education Department estate agents, relatives of families, Ministry of Social Security, supervising of grants, to purchase clothing, footwear, blankets, etc., Housing Department re rents, maintainance, etc., Mental Health Department and firms to make enquiries about reductions in hire purchase payments, and the Salvation Army who very kindly help with providing and delivering furniture.

HOME NURSING

Staff:

At the end of the year the staff comprised:

Superintendent

Deputy Superintendent

FULL-TIME

- 3 Senior Queen's Sisters (one a male nurse)
- 17 Queen's Nursing Sisters
- 2 State Registered Nursing Sisters
- 5 State Enrolled Nurses

PART-TIME

- 2 Queen's Nursing Sisters
- 2 State Registered Nursing Sisters
- 1 Clinic Sister S.R.N.
- 2 Auxiliary Nurses

TOTAL NURSING

STAFF:

—
34 Equivalent to 30.5 full-time staff
=

ESTABLISHMENT:

- Superintendent
- Deputy Superintendent
- 30.5 Nursing staff
- 2 Students

The group system of working continued to run smoothly, a senior nursing sister administering his or her group with regard to the day to day work. The nursing staff work from their own homes. The Superintendent or her deputy receive overnight messages from the ambulance station and relay these to the three senior sisters. Each member of the group telephones their senior nursing sister at 8.30 a.m. and 1.30 p.m. to accept new cases and to arrange any necessary relief duties.

The staff work a five day week, 8.30 a.m. to 6 p.m. Saturdays and Sundays are covered by a skeleton staff on a rota basis. Evening calls are accepted by the ambulance station from 6 p.m. to 10 p.m. and relayed to the nursing sister on late duty.

Treatment Sessions, Health Department:

A clinic is held in the Home Nursing Section of the Civic Centre from 2 p.m. to 6 p.m. Monday to Friday inclusive. This clinic is attended by ambulant patients and those going out to work who require injections for tuberculosis, anaemia and various allergies, etc.

	1966	1967
Number of patients attending	83	109

Statistics of Cases and Visits:

The work of the district nursing section has increased considerably during the year. This is particularly noticeable in view of the pattern of the previous few years, when each year presented a gradual decrease in numbers of cases referred.

In studying the content of the increase of cases, one or two observations can be made. (See table on page 58).

There has been a general improvement of liaison with the local hospitals. District nursing staff are encouraged to contact ward sisters direct, and in some cases actually to visit the hospital to discuss the care and treatment of patients discharged home. This has enhanced the knowledge of the hospital staff so that they have a greater insight into the facilities available in the patient's own home.

An increase in the cases referred from hospital and earlier discharges following operation, in some cases with stitches still in situ, has been noted.

The referral of many more cases from general practitioners, particularly those who rarely used the service previously, has been observed. This may be a reflection of the attachment of health visitors to all general practitioners in the town, which has made the general practitioners increasingly aware of the services available.

Children under five years of age treated in their own homes again show an increase; especially noticeable are the number of visits paid to this age group - denoting more acute illness, in many cases requiring twice daily visits.

The age group 5 - 64 years also reflects the increase in more acute work - post operative cases, etc.

As was envisaged, the geriatric cases continue to soar. An increase of more than 3,000 visits to this group during the year gives only a glimpse of the size of this growing need.

Whilst the volume of work has been a strain on the present establishment of the district nursing section, the variety and challenge presented by more acute work has made their day more interesting and satisfying by making full use of their professional skills. If this present trend continues the establishment of district nurses will inevitably require further review.

Organisation and Method Survey

The result of this survey, which was conducted in 1966, was presented during the year. The recommendations having been accepted regarding re-organisation and dilution of staff, it is hoped to implement these in the coming year. The replacement of State Registered Queen's Sisters by State Enrolled District Nurses in the instances recommended will not detract from the quality of the nursing care available.

The full implementation of the recommendations will of necessity take some time, as replacement can only be carried out as and when there are resignations from the present staff.

For a more full account of the survey see page 60.

	No. of patients being nursed at beginning of month in each year				New Cases				Nursing Visits			
	1964	1965	1966	1967	1964	1965	1966	1967	1964	1965	1966	1967
Jan.	961	926	958	974	217	204	181	197	9,428	7,845	8,311	8,391
Feb.	968	942	957	984	166	163	209	162	8,531	7,541	8,085	7,894
Mar.	959	936	960	986	172	191	213	172	8,725	8,154	9,012	8,716
April	931	928	938	1,006	207	138	147	148	8,937	7,547	7,761	7,848
May	958	905	942	993	170	137	136	169	8,715	7,340	7,741	8,770
June	941	920	928	1,007	162	162	142	157	8,619	7,428	7,049	7,835
July	946	961	931	1,002	156	143	147	177	8,101	7,302	6,945	7,903
Aug.	929	962	928	1,045	152	132	143	136	8,171	7,597	7,250	8,255
Sept.	936	946	935	1,016	157	166	132	157	7,940	7,481	7,060	7,299
Oct.	941	958	925	1,013	153	167	129	149	8,807	7,599	6,964	7,287
Nov.	941	947	920	990	153	182	165	176	8,765	7,863	7,480	7,773
Dec.	927	969	931	1,002	192	197	179	229	8,886	8,294	7,921	8,299
TOTALS:					2,057	1,982	1,923	2,029	103,625	91,991	91,579	96,270

	1966	1967
Patients being nursed on 1st January	958	974
New patients attended during the year	1,923	2,029
	<u>2,881</u>	<u>3,003</u>
Patients remaining on books at 31st December	974	1,004

NURSING VISITS IN AGE GROUPS:

	1966		1967	
	Cases	Visits	Cases	Visits
Children under 5 years ..	62	488	73	808
5 - 64 years	869	25,711	928	26,969
65 years and over	1,950	65,380	2,002	68,493
	<u>2,881</u>	<u>91,579</u>	<u>3,003</u>	<u>96,270</u>

SUMMARY OF NURSING TREATMENTS:

	1966	1967
General Nursing	71,924	76,536
Injectons	24,667	25,545
TOTALS	<u>96,591</u>	<u>102,081</u>

Pre-sterilised Dressing Service:

The pre-sterilised dressing service is now well established. The adult training centre at Cotton Street has a well trained team of trainee girls who pack the dressings. These are then sterilised by the Central Sterile Supply Unit at Bolton Royal Infirmary and returned to the Civic Centre. The district nursing sisters collect the dressings for their patients weekly and deliver them to their patients' homes. The advantages of this service have been proved beyond doubt.

Nursing Equipment:

Nursing aids and equipment are loaned to patients free of charge, at the request of the family doctor or the nursing sister. A detailed list of equipment loaned is given on page 81.

Laundry Service:

This service, which consists of the loan and laundering of draw sheets is provided where relatives find it is not possible to cope with the laundering of draw sheets themselves.

The service is provided at the request of the general practitioner or the district nursing sister.

The number of patients receiving the service during the year was 133 and the average number of patients per month was 63.

Provision of Incontinence Pads:

With the increase of geriatric patients being nursed in their own homes, the request for disposable incontinence pads continues to soar. The number has risen considerably during the year.

Two types of incontinence pads are supplied :

- TYPE 1 Large absorbent pads with waterproof backing.
- TYPE 2 Absorbent cellulose pads for use where a patient is double incontinent.

No. of pads supplied during the year :

	1965	1966	1967
Type 1	13,000	17,534	22,288
Type 2	9,146	11,710	18,816
No. of patients receiving the service	356	379	383

These are collected from the Health Department by relatives of the patient between the hours of 2 p.m. and 5 p.m., Monday to Fridays inclusive. They are advised how to use the pads and on the method of disposing of soiled pads. Where the patient lives in a smoke control area, or there are no facilities for burning the soiled pads, an opaque polythene bag is supplied in which to deposit them. They are then collected weekly by the Cleansing Department during routine collection of refuse.

Supply of Incontinence Garments:

Where an incontinent patient is ambulant, plastic pants with disposable absorbent linings are available. These are issued in the same way as incontinence pads at the request of the general practitioner, district nursing sister or health visitor.

Halliwell Health Centre:

The opening of the Halliwell Centre at the beginning of November, 1967 presented an opportunity to extend the attachment of district nurses to general practitioners.

One Queen's District Nursing Sister and one State Enrolled Nurse were attached to the centre to work with the five general practitioners whose surgeries are based at the health centre. The Queen's District Nursing Sister visits the centre for one hour each week-day from 10.30 a.m. to 11.30 a.m. when she carries out dressings, injections and treatments at the general practitioners' request. Any messages regarding new patients are given directly to the Queen's Sister by the general practitioners and any problems arising are discussed with them during the sister's visit to the centre.

Group Attachment:

The three group attachments continue to work well, to the advantage of patients, doctors and the nursing sisters concerned.

District Nurse Training:

Six students completed the Queen's District Nurse Training Course and all were successful in passing the examination of the Queen's Institute of District Nursing.

Two State Enrolled District Nurses took the district training course arranged by the Queen's Institute of District Nursing. They are to take their assessment in January, 1968.

Hospital Students:

During the year, 87 student nurses from the Bolton School of Nursing and 20 pupils from Townleys Branch spent a day with the district nursing sisters. These domiciliary visits gave the students and pupils a brief insight into the facilities available for patients in their own homes and the many problems encountered both social and medical.

Refresher Courses:

One Queen's District Nursing Sister attended a seven day residential refresher course organised by Cumberland County Council and held at Underscar, Keswick.

The Deputy Superintendent and one senior Queen's Charge Nurse attended a study day for district nurses held at Preston and arranged by Lancashire County Council.

In-service Study Day:

All district nursing staff attended a half day study session arranged by the department, with the accent on the physical, social and emotional aspects of ageing.

Transport:

All district nursing sisters and state enrolled district nurses who hold a current driving licence are now approved for car allowances.

Two full-time district nursing sisters use departmental cars. Two part-time district nursing sisters use departmental cars.

ORGANISATION AND METHODS SURVEY

Health Visitor/District Nurses - A Report of the Work Study/ Organisation and Methods Officer:

One of the major recommendations of Circular 12/65 "The use of ancillary help in the local authority nursing services", was that the first step in considering the use of ancillary help should be for authorities to undertake a study of work done by their nursing staff and analysing the results to ascertain the time spent on the various duties.

In January, 1966, the Work Study/O. & M. Officer was asked to carry out a study of health visiting and district nursing. The terms of reference were:

- (1) To determine how much of the work could be carried out by less qualified staff;
- (2) To see if there were any means of enabling health visitors to devote a greater portion of their time in direct contact with their clients and district nurses with their patients.

The study was carried out by means of individual reporting by the staff on a specially designed Daily Activity Record Form. A total of 3,200 hours of work involving 5,800 visits in the case of district nurses and 4,626 hours of work involving 2,520 visits in the case of health visitors was recorded and analysed.

Approval of the Report was confirmed by the Borough Council in August, 1967. The recommendations were as follows:

For both health visiting and district nursing services:

- (i) That a system of staff control based on a target time for visits be introduced;
- (ii) That the time spent on travelling be reduced by the provision of additional car allowances.

As to district nurses:

- (iii) That the staffing structure be amended to provide the optimum degree of "dilution" of State Registered Nurses with State Enrolled Nurses and Bath Attendants.

As to health visitors:

- (iv) That the time spent on clerical work be reduced;
- (v) That following the introduction of a system of staff control, the working arrangements for health visitors be changed so as to provide a greater flexibility of action and increased effectiveness.

It was estimated that implementation of the recommendations in the Report as to health visitors would result in an increase of about 25% in visits.

Arrangements are being made for the introduction of staff control in both the district nursing and health visiting services at the beginning of 1968.

IMMUNISATION AND VACCINATION

Immunisation:

The present schedule for immunisation is well established and it has been possible for the clerical staff to spend time checking records to ensure that children missed at the Child Welfare Clinics are canvassed for immunisation now they are in school. In the case of the unprotected child, the first routine medical inspection, at school entry, provides the best opportunity for a discussion with the mother regarding the desirability of immunisation and vaccination, and at this interview the objections and fears of the parents can often be overcome.

The following is the normal programme of immunisation:

- 3 months Triple Antigen and oral Poliomyelitis vaccine.
- 4 months Triple Antigen and oral Poliomyelitis vaccine.
- 5 months Triple Antigen and oral Poliomyelitis vaccine.
- 16 months Smallpox vaccination.
- 18-21 months Triple Antigen booster plus Poliomyelitis booster.
- 5 years Diphtheria and Tetanus Antigen and oral Poliomyelitis vaccine.
- 5½ years Smallpox vaccination.
- 13 years B.C.G. vaccination.

Vaccination against Smallpox:

There were fewer vaccinations this year in comparison with last year when the proximity of variola minor and the necessity for International vaccination certificate for those going abroad on holiday inflated the numbers. The usual precautions as to suitability of the individual for vaccination were taken, but one case of generalised vaccinia was reported in a child of 22 months.

	Under 5	5 - 15	Over 16	Total
Primary	1,107	55	144	1,306
Re-vaccination	9	96	484	589
TOTALS (1967)	1,116	151	628	1,895
TOTALS (1966)	937	358	2,579	3,874

NUMBER OF PRIMARY VACCINATIONS UNDER 5 YEARS OF AGE

1953	1,255 (local cases of smallpox)
1954	1,076
1955	1,098
1956	1,073
1957	1,248
1958	1,304
1959	1,358
1960	1,375
1961	1,462
1962	2,042 (cases of smallpox in country)
1963	124
1964	560
1965	793
1966	902
1967	1,107

Vaccination against Poliomyelitis:

Age Group	Numbers who have received three doses during 1967	Numbers who have received reinforcing doses during 1967
Born 1967	872	4
Born 1966	1,028	281
Born 1965	151	189
Born 1964	54	12
Born 1960/63	286	1,110
Others under 16 years ..	56	11
Others over 16 years ..	24	19
TOTALS: ..	2,471	1,626

Total number who have received three doses of Poliomyelitis vaccine
since scheme began 71,408

Total number who have received reinforcing doses since the scheme
began 18,695

Source of Immunisation

	Diphtheria Immunisation only	Diphtheria and Tetanus	Combined Whooping Cough and Diphtheria	Triple Antigen	Tetanus	Whooping Cough only	Re-inforcing Injections		
							Diphtheria only and Whooping Cough and Diphtheria Combined	Triple Antigen	Diphtheria/ Tetanus and Tetanus only
No. of Children Immunised at Child Welfare Centres ..	2	192	-	1,995	106	-	-	1,023	239
No. of Children Immunised in Schools	-	-	-	-	-	-	1	-	845
No. of children immunised at home by health visitors ..	-	3	-	12	-	-	-	3	-
No. of Children Immunised by General Practitioners and for whom a record card was received by the Health De- partment	-	11	-	156	1	-	-	50	4
TOTALS	2	206	-	2,163	107	-	1	1,076	1,088
GRAND TOTAL ..				4,643					

IMMUNISATIONS FOR CHILDREN UNDER 16 YEARS OF AGE

	Primary Courses						Re-inforcing injections						Totals
	Born 1967	Born 1966	Born 1965	Born 1964	Born 1960/63	Others under age 16	Born 1967	Born 1966	Born 1965	Born 1964	Born 1960/63	Others under age 16	
Triple antigen	886	1,084	132	34	47	-	6	368	589	53	57	3	3,239
Diphtheria/Whooping Cough	-	-	-	-	-	-	-	-	-	-	-	-	-
Diphtheria/tetanus ..	8	4	-	-	183	11	-	3	4	3	1,063	6	1,285
Diphtheria only ..	-	-	-	-	2	-	-	-	-	-	1	-	3
Whooping Cough only	-	-	-	-	-	-	-	-	-	-	-	-	-
Tetanus only	-	-	-	-	101	6	-	-	1	1	4	3	116
	874	1,088	132	34	333	17	6	371	594	57	1,125	12	4,643

AMBULANCE

The Local Health Authority continued as in previous years to provide full ambulance cover within its own area, and on an emergency basis for the Turton Urban District on behalf of the Lancashire County Council.

Additional ambulance services were provided for the Emergency Flying Squad based at the Bolton District General Hospital and Accident/Emergency Service for John Booth and Sons (Bolton) Ltd., and the Ainsworth Mercerising Company Limited.

General Review:

The steady progress maintained in the operation of the ambulance service during the year 1967 has now received greater stimulus through the publication of the Report by the Working Party on Ambulance Training and Equipment.

The Working Party considered that training facilities, with few exceptions, are inadequate and that very few authorities provide systematic training. They recommend an eight week course of basic training for new entrants followed by at least a week's secondment to an accident and emergency department of a selected hospital. Every three years personnel should have a one week refresher course. There should also be an advanced course of four weeks for potential officers and instructors.

This report recommends a review of all articles of equipment and vehicles, the aim being to attain standardisation and efficiency. Particular emphasis has been given to vehicles, stretcher gear, light rescue equipment, First Aid articles, resuscitation apparatus and heating in vehicles.

In general the recommendations of the Working Party are to be welcomed and it is hoped that most of them will soon be implemented.

Much has already been done to conform to the recommendations of the Report. The new ambulance nearing completion will have side and rear communicating doors, standardised equipment stowage and the stretcher gear is of the new stretcher/trolley design, convertible to seating for dual purpose. Improved heating, lighting and infusion apparatus, terminals for the portable incubator and oxygen apparatus, and the vehicle will be white.

A local training school for staff will be commenced early in 1968 and one member of the staff will be attending the Lancashire County Council's Experimental Training School at Broughton House, Preston, for a six weeks residential course. More advanced courses are planned and ultimately it is desirable to have Regional Schools for new entrants to the service and advanced courses for control staff.

There was an increase in the number of maternity patient removals in the County Borough and a reduction in the Turton Urban District, whilst in respect of geriatric day cases, this position was reversed. Use of the ambulance, rail, ambulance system of removal has continued to prove smooth and efficient in respect of sitting and walking cases, but with the ever increasing use of the open coach seating in the diesel trains, and the cost per mile, difficulties are experienced in arranging long distance journeys for stretcher patient removals.

The total mileage for patients, 180,372, is near the record figure, yet the slight increase in average patients per mile, 3.02, is satisfactory. The total of 59,861 patient removals during the year is significant in that the fall in demand is within the County Borough and the patient removals from the Turton Urban District, with increasing residential development, remains constant.

The following tables show the total mileage and the total number of patients carried, together with the average miles per patient during the past fifteen years.

Year	Total Mileage	Total Number of Patients Carried	Average Mileage per Patient
1953	152,520	37,102	4.10
1954	156,504	42,822	3.65
1955	162,750	50,496	3.22
1956	161,578	51,365	3.15
1957	158,270	49,583	3.19
1958	162,062	49,921	3.25
1959	162,542	49,626	3.27
1960	174,798	58,360	3.00
1961	173,571	56,316	3.08
1962	179,481	57,782	3.11
1963	165,590	54,207	3.05
1964	163,460	56,422	2.90
1965	166,946	60,070	2.78
1966	180,375	61,146	2.94
1967	180,372	59,861	3.02

Year	Bolton		Turton U.D.C		Total	
	Patients	Miles	Patients	Miles	Patients	Miles
1963	51,451	143,497	2,756	22,093	54,207	165,580
1964	53,819	142,595	2,603	20,865	56,422	163,460
1965	56,857	143,221	3,213	23,725	60,070	166,946
1966	57,430	151,103	3,716	29,271	61,146	180,374
1967	56,152	152,186	3,709	28,186	59,861	180,372

Patients carried by Rail:

	Patients Carried			Ambulance Vehicle Mileage		
	Stretcher Cases	Sitting Cases	Total Patients	Stretcher Cases	Sitting Cases	Total Patients
Bolton Borough	1	108	109	49	437	486
Turton U.D.C...	—	4	4	—	34	34
TOTALS: ..	1	112	113	49	471	570

Miscellaneous Journeys:

Work done on behalf of	Patients Carried			Miles Travelled		
	Stretcher Cases	Sitting Cases	Total Patients	Stretcher Cases	Sitting Cases	Total Patients
J. Booth & Sons, Ltd.	3	1	4	18	3	21
Private patients	—	2	2	—	6	6
Other local authorities . .	1	3	4	151	158	309
Lancashire County Council (Other than Turton)	11	16	27	90	144	234
TOTALS: . .	15	22	37	259	311	570

Monthly Analysis of work done by the Ambulance Service:

The following table gives details of the ambulance and sitting case mileage, and the stretcher and sitting" case patients carried:

BOLTON

	Patients Carried				Miles Travelled								
	Accident and Emergency		Other Cases		Accident and Emergency		Other Cases						
	Stretcher Cases	Sitting Cases	Total	Stretcher Cases	Sitting Cases	Total	Stretcher Cases	Sitting Cases					
Month													
January	172	189	361	466	4114	4580	740	661	1401	2303	8631	10934	12335
February	161	123	284	431	3399	3830	699	405	1104	2225	7416	9641	10745
March	161	193	354	470	4004	4474	690	612	1302	2621	8521	11142	12444
April	160	181	341	406	3815	4221	685	650	1335	2184	8223	10507	11842
May	188	222	410	422	4218	4640	812	739	1551	2136	8866	11002	12553
June	180	204	384	392	3586	3978	740	729	1469	2060	8454	10514	11983
July	210	222	432	425	3600	4025	948	766	1714	2254	8480	10734	12448
August	204	196	400	438	4074	4512	913	664	1577	2259	8794	11053	12630
September	174	196	370	456	4101	4557	759	636	1395	2323	9012	11335	12530
October	180	164	344	407	4214	4621	821	572	1393	2318	9517	11835	13228
November	171	189	360	428	3798	4226	767	650	1417	2221	8766	10987	12404
December	213	202	415	511	3376	3887	966	720	1686	2672	7785	10457	12143
TOTALS	2174	2281	4455	5252	46299	51551	9540	7804	17344	27576	102565	130341	147485

IN AREA OF TURTON URBAN DISTRICT COUNCIL:

70

Emergency Calls:

It is encouraging to note a fall in the number of emergency calls to road accidents, but the increase in other types of emergency calls has been constant and the prompt response to these calls is very satisfactory.

Monthly Analysis of Cases - Bolton

Type of Case	Jan.	Feb	Mar	Apl.	May	June	July	Aug	Sept	Oct	Nov	Dec	Total Pa- tients
Road Accidents	75	45	67	64	77	70	72	76	70	59	69	71	815
Home or Works Accidents	179	147	194	169	209	214	216	202	199	174	176	196	2275
Collapsed Conditions	107	91	94	112	125	101	146	123	103	114	116	147	1379
Discharges from H'pital	107	122	130	128	113	151	144	127	157	145	146	153	1623
Admissions to Hospital	312	317	285	294	295	298	305	301	305	328	336	370	3746
Foot Clinic	74	56	85	89	75	68	58	63	58	57	81	23	787
Geriatric Day Cases . .	710	694	718	586	733	648	641	691	686	707	707	660	8181
Transfers (Hospital to Hospital)	102	99	117	86	82	100	103	106	128	110	115	102	1246
Transfers (House to House)	5	10	5	1	5	9	3	9	5	8	2	4	66
Mental Cases	3	1	4	1	2	3	1	—	3	3	2	3	26
Psychiatric Day Cases	393	338	387	348	478	401	452	494	479	468	397	468	5103
Maternity Cases	149	138	164	165	172	147	184	167	156	161	144	146	1893
Out-Patients	2737	2065	2597	2537	2695	2159	2146	2569	2590	2644	2308	1965	29012
TOTALS	4953	4125	4857	4576	5061	4369	4472	4929	4936	4976	4600	4308	56152

Turton Urban District

Type of Case	Jan.	Feb	Mar	Apl.	May	June	July	Aug	Sept	Oct	Nov	Dec	Total Pa- tients
Road Accidents	3	7	3	7	8	3	3	7	2	10	10	9	72
Home or Works Accidents	10	5	6	9	11	16	6	7	10	8	4	15	107
Collapsed Conditions	—	2	5	7	3	3	6	4	5	3	3	5	46
Discharges from Hospital	9	11	16	9	6	14	13	13	9	13	5	21	139
Admissions to Hospital	38	29	33	28	26	26	24	27	25	26	35	31	348
Foot Clinic	—	—	—	—	—	—	—	—	—	—	—	—	—
Geriatric Day Cases . .	48	54	40	19	44	39	60	55	48	66	79	58	610
Transfers (Hospital to Hospital)	1	2	—	1	—	2	2	1	2	—	1	—	12
Transfers (House to House)	—	—	—	—	1	1	—	—	—	—	—	—	2
Mental Cases	—	—	—	1	—	—	—	—	—	—	—	—	1
Psychiatric Day Cases	—	1	—	—	—	—	2	—	—	—	—	1	4
Maternity Cases	8	10	15	6	7	12	8	7	6	9	10	8	106
Out-Patients	144	138	159	184	189	208	261	203	207	228	177	164	2262
TOTALS:	261	259	277	271	295	324	385	324	313	365	323	312	3709

Patients carried 60 miles or more
(Included in above figures)

Type of Case	Jan.	Feb	Mar	Apl.	May	June	July	Aug.	Sept	Oct	Nov	Dec	Total Pa- tients
Bolton Borough	—	—	2	—	—	3	1	—	—	2	1	—	9

Vehicle Strength at 31st December, 1967:

The number of vehicles in service has remained static for many years, but the programme of vehicle replacement is always closely reviewed to meet the ever changing demand for ALL-PURPOSE requirements and the purchase in recent years of this type of vehicle has proved very satisfactory, and with only slight modifications to the newer vehicles these vehicles conform to specification of the Report.

Two of the older type of ambulances will require replacement in the next financial year, and these vehicles will be of Ministry and local requirements.

Make	H.P.	Reg. No.	Purchase Date	Total Mileage
AMBULANCES:				
Austin.. .. .	16	MWH 100	29. 4.58	142,707
Austin.. .. .	16	MWH 101	29. 4.58	151,065
Bedford	28	BWH 614B	2. 9.64	52,246
Bedford	28	EWB 868C	29.12.65	33,546
SITTING CASE AMBULANCES:				
Austin.. .. .	16	VBW 376	4. 4.62	61,223
Morris	16	HWH 499	6. 4.55	136,409
Austin.. .. .	16	PBW 30	24. 9.59	103,645
Morris	15	XWH 750	1.10.63	80,180
Ford	18	HBW 405D	11.10.66	19,728
DUAL-PURPOSE AMBULANCES:				
Bedford	28	BWH 613B	2. 7.64	44,328
Bedford	28	EWB 869C	16.12.65	24,258
Bedford	28	HBW 627D	20.11.66	10,718
SITTING CASE CAR:				
Austin.. .. .	Diesel	TWH 746	24. 4.61	101,064

Accident and Insurance Claims:

The ambulance service vehicles were involved in ten minor accidents involving insurance claims and no ambulance driver was considered negligent.

Maintenance and Repair of Vehicles:

All Health Department vehicles continued to be maintained and repaired in the ambulance workshops.

The difficulty in recruiting and retaining trained mechanical staff continues to cause problems, but the advantage of having this staff on the Station ensures maximum availability of vehicles which is essential to the Service.

Ambulance Control Room:

A very high standard of efficiency in operational control has been maintained over the year and, as it is planned to increase the work load in this office, changes will be made to accommodate this demand.

The Control Room continues as the essential link with the other Emergency Medical Services of the Borough outside normal working hours and especially at week-ends.

Civil Defence and Ambulance Reserve:

With the suspension of training and recruitment into Civil Defence Corps the activities of the Ambulance personnel have been very much curtailed to a practically non-existent level.

Dr. J. L. Jackson, Senior Medical Officer in the department, gave first-aid lectures during the past winter to 36 members of the Corps, assisted in the practical sessions by Mr. J. Stroud of the Corporation Ambulance Department. Recruitment into the Ambulance Reserve was commenced on 1st September, 1967; the appointment of Staff and Platoon officers was completed and a steady flow of volunteers have now been enrolled into the Reserve.

One training ambulance has been transferred from the Civil Defence Corps into the Ambulance Reserve.

Training of the volunteers will be commenced and exercises will take place as soon as sufficient members have been enrolled.

PREVENTION OF ILLNESS, CARE AND AFTER-CARE

Health Education:

The accompanying table reflects an increase of some 25% over the previous year's work.

This has been the first full year of operation for the male health visiting officer who is devoting almost all his time to developing and co-ordinating this service. His appointment would appear to be more than justified by this report, not only because of the increase in the volume of work but also by the relieving of many other people who previously spent a proportion of their time on these duties.

The procedure of health education has been defined as "the translation of what is known about health into desirable individual and community behaviour patterns by means of the educational process."

It is vital work which, if properly carried out, will inevitably bring benefits to the community. It is time-consuming work because of the high standard of content and presentation, particularly of audio-visual aids. Modern audiences require these aids if they are to be influenced to give up harmful practices which they frequently regard as pleasureable. It is economical work where one person can influence a large number of people at one time and where the benefits of good health and the prevention of ill-health can directly lessen the burden on many of our services.

ORGANISATION:

With the increase in the amount of health education, certain difficulties in our service have become apparent, especially in the field of audio-visual aids and its allied branch, health propaganda. Visual aids of all types are essential to those engaged in the actual teaching process. They reinforce the health message, illustrate and simplify technical knowledge and increase the interest content of talks. At present we are using very few of these aids because we lack artistic talent, time to prepare them and also modern audiences will not accept amateur work. Health propaganda is the field of poster production, exhibitions and displays. In this field we rely entirely on other local authorities or national bodies whose work is not always suitable for our local needs. Living in the advertising age it is disappointing that we have so little ammunition to direct at the "anti-health" advertising to which we are subjected.

EDUCATIONAL ACTIVITIES:

Many individuals in the department play important roles in health education through single and group contracts. They include, among others, the medical officers, dentists, public health inspectors, mental welfare officers and health visitors (see page 76). Their informal work makes a tremendous contribution to the total health of the community. Just a few of their formal activities are reported here.

PREPARATION FOR PARENTHOOD:

During the year, 119 ante-natal classes were held with a total attendance of 959. In addition to this there was a special parents' evening during each course which both the wives and husbands attended. The special short courses for both husbands and wives which started in 1966 have been well received and are becoming more popular with each session.

ANTI-SMOKING CLINICS:

The second five day plan to stop smoking was held with equal success to that reported in 1966. Many enquiries are made about them and the interest would seem to indicate that these clinics could be held annually.

HEALTH EDUCATION SEMINARS:

Two seminars were held this year. The first on drugs coincided with publicity involving drug taking in young people. The heads of secondary schools and health workers saw the film "Narcotics - the decision", which was followed by a discussion with a psychiatrist, a magistrate, a police officer and a general practitioner. This proved to be a most valuable seminar for all concerned.

The second seminar, Health Education in Primary Schools, was for heads and senior teachers in primary schools. Papers were given to show the importance of this subject and a demonstration of some of the films suitable for this age group was presented.

CANCER EDUCATION:

The success of press advertisements calling women to take advantage of the screening detection procedures was followed up by a film and discussion for personnel managers of local employers. This resulted in mobile clinics visiting a number of working establishments. The Manchester Regional Committee on Cancer continued to give the majority of our cancer education talks aimed at removing the barriers created by fear and ignorance. There were some 30 talks given during the year.

HEALTH INFORMATION:

Teachers, students and pupils made frequent visits to the department for information, literature, advice and loans of audio-visual teaching aids. Many groups made visits of observation to our department. Our second Home Safety Exhibition had the special theme of "Medicines with Care". This popular and important attraction is yet another activity which will become an annual event.

PUBLIC RELATIONS:

Excellent relationships have been built up between groups and individuals throughout the borough. Emphasis has been given to the service which health education offers to the community. The press have helped us a great deal and we have been able to supply them with much information which they have embodied in many of their articles. The Medical Officer of Health and the Health Visiting Officer appeared on radio and television during the year in connection with the Anti-smoking Clinic results and the "Medicines with Care" exhibition. This resulted in good liaison with the B.B.C. and they have taken a number of small items from us for sound radio.

SCHOOL HEALTH EDUCATION:

See report of Principal School Medical Officer.

THE FUTURE:

While this is a report of expansion and progress we are very aware of how much more can be done. Health education can contribute to the prevention of many physical and social problems, e.g., heart disease, abuse of alcohol, venereal disease and to what might well become the problem of our age - mental illness. Very little is being done in these fields yet these are the areas which can be most rewarding in terms of the complete physical, mental and social well-being of the community.

Health Education Statistics

	1966				1967			
	No.	Talks or Lessons	No. of teaching hours		No.	Talks or Lessons	No. of teaching hours	
			During Ordinary Office Hours	Outside Ordinary Office Hours			During Ordinary Office Hours	Outside Ordinary Office Hours
1 Schools in which we teach mothercraft	6	302	423	20	8	376	517	30
2 Schools in which we gave other talks	8	20	20	—	10	54	54	—
3 Further education establishments where we gave talks	2	3	3	—	2	3	3	—
4 Health Education seminars	1	1	1	—	2	4	6	—
5 Talks to voluntary bodies (excluding the elderly)	—	6	2	8	—	16	2	28
6 Talks to the elderly	—	6	1	10	—	20	8	24
7 Ante-natal parentcraft courses	1	3	—	12	2	6	—	24
8 Anti-smoking clinic	1	6	—	12	1	6	—	12
9 Mother's Club	3	36	—	54	3	42	—	63
10 Ante-natal mothercraft courses	16	112	112	—	17	119	119	—
11 Other talks by H.V. Staff	—	2	—	6	—	5	—	15
TOTAL	—	497	562	122	—	651	709	196
12 Talks given by other Health Department Staff	—	—	—	—	—	17	—	—
TOTAL	—	—	—	—	—	668	—	—

Cervical Cytology and Cancer Screening:

The Cervical Cytology and Cancer Screening Clinic started in 1965 continued through 1966 and 5,033 tests were done in 1967 at Health Department Clinics in Bolton. The number of smears taken was 4,943 and of these 60 were reported positive or suspicious; 26 of these were in the pre-cancerous stage treated by cone biopsy only ; 24 were treated by irradiation hysterectomy or panhysterectomy with or without irradiation; 8 are still awaiting investigation and two subsequently proved negative.

From February to October, 1967, 2,687 smears were sent to the laboratory at Christie Hospital in addition to those sent to Bolton District General Hospital for examination. With this increased facility, the age of preference was reduced from 35 to 25, and the minimum parity from three to one. Two cases of malignancy occurred in nulliparous women however.

Cytology clinics were held as follows:

Monday afternoon	Astley Bridge Clinic	1 clinic
Wednesday morning	Civic Centre Clinic	1 clinic*
Wednesday afternoon	Civic Centre Clinic	2 clinics
	Astley Bridge Clinic	1 clinic
Friday morning	Astley Bridge Clinic	1 clinic

* An additional clinic was held from July to November, 1967.

At each session one medical officer, two nurses and a clerk attended and approximately twelve patients were seen each hour. At the Civic Centre, where two examination rooms and three changing rooms were used, the patients had time to settle down before the examination. This greatly helped to reduce anxiety which the majority had to some degree on arrival. As previously, a clinical examination of the breasts and regional lymph nodes preceded the pelvic examination and cervical smear. In view of the nature of the examination, the instruments were adequately sterilized and a fresh disposable sheet was put on the couch for every patient.

The following table shows the gynaecological findings at the clinic, compared with those for the previous year.

	1966	1967
Number of women examined	920	4,781
Total No. of tests carried out.. .. .		5,033
No. of smears taken		4,943
No. of repeat smears		262
No. of breast examinations only		90
Number of women resident in Bolton who had smears taken		4,581
Number of suspicious or positive smears	7	60
Percentage of positive smears.. .. .	0.76%	1.3%
Cervical Pre-cancer	5	26
Carcinoma of the Cervix.. .. .		24
No. of "suspicious" smears	1	8
No. subsequently proved negative	1	2

OTHER CONDITIONS:

	1966	1967
Trichomona infection	25	218
Monilial infection	2	79
Uterine fibroids	3	3
Cervical polyp needing referral	3	10
Senile vaginitis	2	4
Cervical erosion needing referral	4	1
Uterine prolapse		4
Cysts in the Pouch of Douglas		2
Bartholin's cyst		11
Intermenstrual bleeding		1
Chronic pelvic infection		1

SUMMARY OF AGE AND PARITY OF BOLTON WOMEN WHO HAD SMEARS TAKEN :

Age Group	No. of women examined	No. of positive or suspicious smears	% positive
Under 25	59	0	0
25 - 34	1,326	10	0.754
35 - 44	1,646	27	1.64
45 - 54	1,166	16	1.37
55 - 64	350	7	2.0
65 and over	34	0	0
TOTAL	4,581	60	

No. of Pregnancies			
0*	141	2	1.42
1	1,043	8	0.76
2	1,752	27	1.53
3	932	12	1.28
4	409	5	1.22
5	166	2	1.20
6	71	1	1.41
7 and over	67	3	4.50
TOTAL	4,581	60	

* Including pregnancies which terminated at or before 12 weeks.

RESULTS OF BREAST EXAMINATIONS IN 1967:

Eleven patients required further investigation, and of these:

5 had malignancy confirmed

3 were non-malignant

3 breast lumps were not confirmed by general practitioner or consultant but remain under surveillance

Twenty-two cases of chronic mastitis were not further investigated.

SOURCES OF PATIENTS:

Advertisements in the local press in February and March produced 1,346 applications from Bolton residents.

Places of employment in Bolton with at least one hundred women employees were invited to send in the names of those wanting the tests done during working hours. If twenty-five or more names were forthcoming and the premises had suitable facilities, sessions were arranged there. This meant that the women were only away from their work for 15 - 20 minutes, and the employers were most appreciative. For the employees to come to the clinic at the Civic Centre would have meant a loss of up to half a day's work in some cases.

No. of factory and other premises visited	10
Total number of women examined	540
(Of these, 110 lived outside Bolton and 20 women had breast examination only)		
No. of Bolton women who had smears taken	410
No. of positive or suspicious smears	11 = 2.68%

Five firms agreed to women employees attending by appointment at Astley Bridge Clinic during working hours.

Health visitors and midwives continued to bring the service to the notice of women in Bolton. Also, posters were displayed by Women's Organisations, in public buildings and by local ladies' hairdressers.

Whereas over 5,500 Bolton women have had cervical smear tests done, it is estimated that at least 40,000 women are at risk. If 100 women are done each week it will take nearly 8 years to cover the Bolton women. Also at the end of 1968 the three year repeat smears will be due. It is felt therefore that great stimulation is needed to get women to attend these clinics now and whilst some members of the nursing staff and others are tireless in their propaganda, everyone is asked to recommend women to attend. Figures show that the middle age group with large families and lower incomes are the most at risk.

Further advertisements will be put in the local press and much greater publicity will be given to the clinics.

Geriatric Advisory Clinic:

The Geriatric Advisory Clinic for patients over 55 years of age continued to be held on Wednesday mornings at the Civic Centre. Forty clinics were held during the year and 119 new patients attended. The following shows their age distribution:

Age Group	Men	Women	Total
Under 65	5	44	49
66 - 70	8	24	32
71 - 75	9	17	26
76 - 80	1	6	7
Over 80	2	3	5
	25	94	119

SOURCES OF REFERRAL TO THE CLINIC:

	Men	Women	Total
General Practitioner	1	0	1
Health Visitor	1	23	24
Talks at Over 60 Clubs	7	28	35
Chiropody Clinic	8	23	31
Previous Patients	8	20	28
	25	94	119

The most frequent medical condition found and dealt with at the Clinic was obesity. Seven men and 35 women were overweight to such an extent that they had breathlessness on exertion. Satisfactory weight reduction by diet adjustments alone resulted in considerable improvement in most cases. Other symptoms, including a general feeling of fitness, relief of joint pains, giddiness and lowering of blood pressure also showed the benefits of weight reduction. Five women were found to be anaemic and glycosuria was detected in two men.

Patients were referred from the Clinic for further help according to the following:

	Men	Women	Total —
General Practitioners	1	12	13
Consultant Geriatrician	2	2	4
Consultant Dermatologist	0	1	1
Physiotherapist	1	9	10
Chiropodist	0	2	2
Optician	2	5	7
Hearing Aid Clinic	2	4	6
	8	35	43

Loan of Nursing Equipment:

Article	Number Available	No. issued during the year	No. in stock at 31st Dec. 1967
Bed Pans	170	174	1
Rubber Bed Pans	5	—	5
Air Rings	139	66	1
Tan Sad Invalid Chairs	49	10	14
Junior Invalid Chairs	7	—	3
Self-Propelled Chairs	4	2	1
Bed Rests	159	96	—
Bed Cradles	31	32	—
Single Beds	7	8	5
Adjustable Bedspreads & Fittings	3	2	1
Iron Lifting Poles	8	3	6
„ „ „ (with wheels)	3	1	1
Helping Hand	1	1	—
Ventilator Fans	1	2	—
Cot — Senior	2	2	1
Cot — Junior	1	1	—
Mattresses — Sectional, Dunlopillo	12	12	3
„ — Hair & Interior Spring	6	5	1
„ — Dunlopillo	16	9	1
Cushion — Float-on-Air	1	—	—
Biscuit Mattresses	2	—	—
Mattress Covers — Cotton	11	—	6
„ „ — Plastic	26	14	2
Pillows — Feather and Flock	13	7	2
„ — Dunlopillo	1	—	—
Bedspreads	5	—	4
Blankets	16	5	10
Draw Sheets	1,769	1,000	192
Pillow Cases — Cotton	36	8	30
Pillow Cases — Plastic	8	2	—
Pyjama Jackets	132	20	47
Rubber and Plastic Sheets	557	192	12
Urinals	124	68	4
Fracture Boards	11	9	3
Chair Commodes	44	58	1
Sani-Chair — Self propelled	—	1	—
Crutches	22	8	20
Tripod Walking Sticks	13	6	4
Bonaped Walking Aid	1	—	—
Zimmer Frames	11	10	—
Telescopic Walking Aid	1	—	—
Pails (with lids)	72	83	—
Hydraulic Patient Hoist, Stand and Accessories	3	2	—

Total number of articles issued in 1967	1,919
„ „ „ „ 1966	1,888
„ „ „ „ 1965	1,698
„ „ „ „ 1964	1,850
„ „ „ „ 1963	2,179
„ „ „ „ 1962	1,970
„ „ „ „ 1961	2,043
„ „ „ „ 1960	1,757
„ „ „ „ 1954	899

Convalescent Home Accommodation:

During the year there were 24 applications for convalescence for adults. All applicants were interviewed as to their suitability for convalescence by medical officers of the department and one was not considered suitable.

Twenty-one applicants were accepted for periods of two weeks and of these 19 were admitted to homes at Blackpool and St. Annes. The remainder were sent to various other homes.

Chiropody:

On 1st February, 1967, the Chiropody Service for the Elderly ceased to be organised by the Bolton Old People's Welfare Council and came to be administered directly by the local health authority. Our warmest thanks are due to the Old People's Welfare Council for their work in starting and, since its inception, in operating this service for Bolton's old folk.

At the time of the changeover the clinic, which had up till then been held in Welfare Department premises, was accommodated within the Health Department's Civic Centre Clinic and in December a new foot clinic started on one day per week at the recently opened Halliwell Health Centre for the people in that area. This did not involve an increase in the over-all number of sessions.

The table below will illustrate the sharp increase in the demand for this service.

	1963	1964	1965	1966	1967
New Clinic Patients	212	266	173	142	504
New Domiciliary Patients . .	123	135	117	181	256
Clinic Patients on Register at Year End	1,400	1,477	1,535	1,486	1,830
Domiciliary Patients on Register at Year End	230	220	280	369	553
Recall Period	6 - 8 weeks	6 - 8 weeks	10 - 11 weeks	7 - 8 weeks	11 - 12 weeks

Table of Treatments given at the Foot Clinics since the Inception of the Service on 1st April, 1960

Year	Number of treatments given at clinic					No. of treatments given at home	Total clinic and home treatments
	Free			Paying	Total		
	Aged	Handi-capped	Expectant Mothers	Aged			
1967	4,493	460	—	3,561	8,514	2,825	11,339
1966	4,609	339	—	3,573	8,521	2,206	10,727
1965	4,018	353	—	3,306	7,677	1,748	9,425
1964	4,485	356	—	3,857	8,700	1,762	10,462
1963	4,372	343	—	4,112	8,827	1,592	10,419
1962	3,969	338	—	4,147	8,455	1,279	9,734
1961	3,522	271	—	4,046	7,841	755	8,596
1960 (April - December) ..	1,753	199	—	3,247	5,200	333	5,533

A glance at the above table will show that the number of domiciliary treatments has again increased sharply. The number of such treatments in 1967 represents a 28% increase on the large number of domiciliary treatments achieved in 1966. The number of clinic treatments is only 7 less than in the previous year and the average number of treatments per session during 1967 was 9.6 as compared with 9.65 in 1966.

A special word of thanks is due to Mrs. L. A. Crossley, the Honorary Secretary of the Bolton & District Branch of the Society of Chiropodists; she has given much valuable assistance during and since the transfer of the administration of the foot clinic to this department.

Thanks are also due to her colleagues, the chiropodists.

HOME HELP

The Home Help Service has a great part to play in dealing with emergencies and temporary setbacks and it has unexampled opportunities for education in citizenship and for promotion of a stable family life. A good home help in a poorly run household can, by lightening stress, helping with the chores and improving nutrition, benefit the health of the people she serves, be they chronic sick, aged, maternity cases, or families with problems. There is the uplift in morale which efficient and practical help can bring to a family beset with anxiety and difficulty.

Social work has been defined as “the process of helping people with the aid of appropriate social services, to resolve or mitigate a wider range of personal and social problems which they are unable to meet successfully without such help,” and to “assess the extent of problems, to give appropriate help and to offer a supporting relationship when this is required, to give people confidence to overcome difficulties. This may include supplying information, providing practical assistance or material help, or bringing about environmental changes as well as helping to lessen stress”.

The work of the home help is closely related to other problems in social medicine and provides the opportunity of entering the household as a friend - although so simple in character it is a therapeutic instrument of great value.

Every request for service, no matter from what source, is investigated, bearing in mind not only the condition of the patient and the home, but also the help which could be made available by relatives and friends, as sometimes the person making the application, be it general practitioner, medical social worker, or neighbour, is not aware of this possible source of help.

Skilled assessment and continued supervision makes possible continued care where necessary, and as invariably demand exceeds supply gives a considered judgement on the order of priority.

Urgent cases are dealt with immediately, though always at the cost of reducing help to other less urgent but needy cases. The administrative staff do frequent follow-up visits on short term cases, and at least every six or seven weeks on the long term cases.

The number of households which received assistance during the year totalled 1,608, the highest number in the history of the Service.

SOURCE OF APPLICATIONS (Expressed in percentages):

General Practitioners	22·6
Health Visitors	15·9
Self	10·4
Relatives	13·5
Hospital Almoners	10·2
Welfare Department	7·5
Ministry of Social Security	3·7
District Nurses	7·6
Friends	6·0
Mental Health Officers	2·1
Children's Department	0·9

During the year, 888 new applications for assistance were received, 62·7% being served and 37·3% not served for a variety of reasons, the main one being that the existence of the service, but not its true purpose, is becoming so well known that many applications are received from able-bodied persons who are under the impression that the service is a domestic agency or that on attaining the age of 60 years, they are automatically entitled to a home help.

Cases for whom help was provided during the past four years:

	1964	1965	1966	1967
Maternity	62	46	54	24
Tuberculosis	10	7	6	13
Chronic Sick, Aged and Infirm . .	1,305	1,408	1,482	1,504
Other cases	85	77	64	67
TOTALS . .	1,462	1,538	1,606	1,608

Payment for Service:

The maximum charge for the service remained at 4/- per hour.

Summary of Payment for Service

	Free	Part Cost	Full Cost
Maternity	4	2	18
Tuberculosis	12	—	1
Chronic Sick	1,281	55	168
Other Cases	41	5	21
TOTALS	1,338	62	208

Night Attendant Service:

Seventeen critically ill patients received 29 nights of service.

Training:

The six months training scheme for new home helps continued at Clarence Street College and proved popular. It is held each Wednesday afternoon and it is worthy of note that the part-time home helps attend during their own time and receive no reimbursement whatsoever. Once again our thanks are due to senior officers of the Health Department, Welfare Department, Ministry of Social Security and other agencies concerned with community service, for the help and lectures so generously given in connection with training.

During the year the Organiser has lectured to various associations, and once again a third year student from Manchester University attended one day a week for one term. Students from several other teaching bodies paid visits to the Service, ranging from one half day to a week.

Staff:

There is keen competition for staff in Bolton, and a great deal of the Organiser's time is now taken up with interviewing prospective employees on four mornings each week. It is no longer possible to advertise once or twice a year and obtain all the recruits necessary. Approximately one applicant in three is appointed, but quite frequently recruits leave as soon as more attractive work is available.

Medical Examinations:

People who require assistance expect and must be given a reliable service. The success of a home help agency depends to a large extent on the medical fitness of those who actually undertake the physical work needed in the running of a home.

Before starting in this service, the home help is given a medical examination. Subsequently, if her sickness record is unsatisfactory, a further medical investigation is carried out, to ensure that those who are unsuitable on health grounds, are given an opportunity to consider the prudence of continuing in such work. There were 52 such medical examinations.

Total number of home helps examined for sickness payment scheme during 1967 was 48.

Total found to be unfit	4
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REASONS FOR UNFITNESS:

Hypertension - 2 of whom had cardiac enlargement	3
Cardiac Irregularity	1

MENTAL HEALTH

In all aspects of national life, the trained professional worker remains at a premium; moreover with the population shift to the South the acquisition and maintenance of a full complement of qualified staff is a more pronounced problem in the Northern industrial town than in those parts of the country considered to be more salubrious. Less than a full establishment of mental welfare officers, or the employment of unqualified staff, results in a greater case load being carried by the more experienced officer. The qualified person, with a scarcity value, in a position to pick and choose their employing authority, will opt for the one with the most satisfactory working conditions. Suitably educated people considering a career in social welfare work, and who want to live in the Bolton area, with the many advantages to be gained both socially and professionally by this course of action, should consider mental health work with this authority. The training of our own staff from their initial recruitment into the service must be the means by which the quality and numerical strength of the Mental Health Section can be kept at the best possible level.

The Chief Mental Health Officer left for another appointment during the latter end of the year, and there has been some difficulty in filling the vacancy, with consequential strain engendered on the remaining staff.

Staff:

The staff position at 31st December 1967, was:

- 1 Chief Mental Health Officer (Vacant)
- 1 Senior Mental Welfare Officer

SOCIAL WORKERS: 4 Mental Welfare Officers
 (1 seconded to the Certificate in Social Work Course)
 2 Welfare Assistants

Liaison:

In the care and after-care of the mentally ill there has to be the closest co-operation between the local government and hospital services. This is achieved by the mental welfare officers attending the regular meetings which the Consultant Psychiatrists and their staff hold at the Bolton District General Hospital. There is the more informal day to day contact between the officer and Consultant when the welfare of a particular case is discussed, and in addition the psychiatrist's domiciliary consultations give a more direct personal communication between those concerned with a patient's welfare.

Dr. J. T. Leyberg, the Senior Consultant Psychiatrist for the Bolton and District Hospital Management Committee, has been joined by two new colleagues, namely Dr. Hay who replaced Dr. Denmark, and Dr. Jonas who fills the long vacated post of Children's Psychiatrist.

The Consultant in Mental Subnormality at Brockhall Hospital attends the Civic Centre once monthly, when he sees cases referred to him via the Mental Health Officers.

Mental Illness

Hospital Admissions:

Total number of Bolton Residents admitted to Psychiatric Hospitals:

Method of Admission	Under 65 years		65 years and over		Total
	Male	Female	Male	Female	
Mental Health Act, 1959					
Informal	130	112	16	49	307
Section 25	28	54	6	15	103
Section 26	1	—	—	—	1
Section 29	9	3	—	2	14
Section 60	1	2	—	—	3
TOTALS	169	171	22	66	428

There was less than 3% increase in the total number of patients admitted to hospitals, and nearly 72% were admitted on an informal basis. Only fourteen patients had to be dealt with as acute emergencies and hospitals, orders were made on two women and one man by the Courts.

Cases referred to Health Department for investigation:

	Under 65 years		65 years and over		Total
	Male	Female	Male	Female	
REPORTED BY—					
Medical Practitioners	58	85	20	48	211
Relatives	26	43	4	19	92
Police	17	16	—	7	40
Consultants and Hospitals	11	25	8	15	59
Others	35	59	10	38	142
TOTALS	147	228	42	127	544
DISPOSAL—					
ADMITTED TO HOSPITAL—					
Informally	27	25	7	13	72
Under Section 25 Mental Health Act ..	28	54	6	15	103
Under Section 26 Mental Health Act ..	1	—	—	—	1
Under Section 29 Mental Health Act ..	9	3	—	2	14
Under Section 60 Mental Health Act ..	1	2	—	—	3
TOTAL HOSPITAL ADMISSIONS	66	84	13	30	193
Referred for Psychiatric Opinion	32	67	5	16	120
Placed under Community Care	16	47	16	64	143
Died	2	—	—	—	2
No further action required by Mental Health Service	51	30	8	17	86
TOTALS	147	228	42	127	544

The increase in the number of referrals was not significant, but the visits to patients in the community increased by 40%.

	1966	1967
Visits to investigate referrals	572	544
Community Care Visits	3,860	5,400

Greenmount House:

This is a psycho geriatric hostel for 52 patients. In most cases it is the final home of the resident there, but 3 beds are reserved for short-term care, and 30 people were admitted for temporary accommodation. Towards the end of the year, a start was made in organising day care for suitable patients. This has been a useful exercise in indicating the difficulties which may be experienced when the new hostel with special provision for day care is built.

Discharges during the year were:	Male	Female	Total
To Psychiatric Hospital	1	1	2
To Part III Accommodation	—	—	—
Died	2	3	5
To Relatives	—	—	—
	<hr/> 3	<hr/> 4	<hr/> 7
Admissions were:			
From Psychiatric Hospital	1	2	3
From Home	1	1	2
From Part III Accommodation	—	—	—
	<hr/> 2	<hr/> 3	<hr/> 5

Mental Subnormality and Severe Subnormality

Community Care:

The national policy of reducing the number of mentally handicapped patients who are in hospital has, to some extent, caused problems. But these are problems concerned with the obtaining of hospital places for the very severely handicapped minority, rather than dealing with the majority who have fitted into the community with very little difficulty, and the quality of those lives must be enhanced by a more normal existence in the home or hostel compared with that in hospital.

Although there were nine hospital admissions during the year, only one was taken from the waiting list. On the 31st December, 1967, the waiting list consisted of ten severely subnormal children (only two of these are ambulant) and one subnormal man who is also physically handicapped and presents behaviour problems in the Welfare Hostel where he is at present.

Home visits made by Mental Welfare Officers were:

	1966	1967
Community Care	1,268	1,032
At Request of Hospitals	76	19

Mental Health Act, 1959

Cases Referred to Health Department for Investigation

	Male	Female	Total
New Cases Reported By:			
Local Education Authority			
Section 57 Education Act, 1944	4	3	7
E.S.N. School Leavers	17	15	32
Others	11	10	21
Cases Previously Referred Requiring Action	11	3	14
TOTALS	43	31	74

Action Taken:

Admitted to Hospital:

Informally	5	3	8
Under Section 65 Mental Health Act, 1959	1	—	1
Total Hospital Admissions	6	3	9
Admitted to Junior Training Centre ..	8	5	13
Admitted to Adult Training Centre ..	2	2	4
Community Care	11	6	17
No further action at present	16	15	31
TOTALS	43	31	74

Number of Subnormal and Severely Subnormal Persons receiving care on the 31st December, 1967:

	Male	Female	Total
In Hospitals	84	89	173
Community Care	185	161	346
TOTALS	269	250	519

Classification of Severely Subnormal Persons awaiting Hospital Care on 31st December, 1967

	Under 16 years		Over 16 years		Total
	Male	Female	Male	Female	
IN URGENT NEED:					
Cot and chair cases	2	—	—	—	2
Ambulant	3	—	—	—	3
NOT IN URGENT NEED:					
Cot and chair cases	3	2	1	—	6
Ambulant	—	—	—	—	—
TOTALS	8	2	1	—	11

Junior Training Centre:

The new custom built centre has been in use for a full year and has given excellent working conditions both for children and for staff. There is accommodation for 105 children giving ample space for any foreseeable future increase in numbers.

Pupils from the Canon Slade Grammar School, by their participation and support, enabled our mentally handicapped children to have the pleasure of giving a Christmas play for their parents and friends.

School outings have been an invaluable part of the curriculum, and visits were made to towns such as Fleetwood and Chester. Children have been taken into Bolton and shown the Post Office, Fire Station and Museums which, with other organised events, including the theatre and cinema, have given them experience of normal social living.

Special Care Unit:

In the Special Care Unit are those with severe subnormality and often with other handicaps. Little actual teaching can be given but they are not allowed to vegetate and mental stimulation is attempted by every method of interpersonal communication.

Attention has been paid to the diet of these children, many of whom seem to have an increased weight gain inconsistent with the amount they eat.

Special Ambulance:

Patrons of the Bolton Casino Club, at the instigation of its owners, by raising £1,000 helped to provide this new vehicle which with the aid of modern equipment is so useful in the conveyance of the severely handicapped children to and from the centre.

Medical Inspections:

Routine medical examinations are conducted by the local authority's medical officer. The Consultant Paediatrician attends each term to give advice of a general nature or to give guidance concerning the individually referred child.

Adult Training Centre:

The Centre has accommodation for 80 trainees and effort is given to making the conditions as near to a normal working environment as possible. Various types of contract work have stimulated interest and exercised the intellect of these people who need to use their mental capacity to its maximum extent. The range of work, similar to that done in most training centres, has included sewing for the girls and the construction of simple wooden articles by the men. Each week 500 district nurses' dressing outfits have been packed by the Centre, this is a most useful service for the community.

There is a special care unit for the severely subnormal catering for 10 adults, some of whom manage to do simple work tasks.

In May, the Training Centre staff supervised the annual holiday at St. Anne's on Sea. This event included visits to the Lake District and Southport. At Christmas time the Parents' Association very kindly organised and gave a Christmas party which, with predominantly young adults to amuse, consisted in large measure of music and dancing.

Once monthly the staff hold a social club night which is well attended and here again the main interest is dancing.

Medical Inspections:

These are conducted at least fortnightly and each trainee is examined once every year.

Park House:

This is an adapted hostel for 24 trainees and here some emphasis is given to social training, in that they are persuaded to live as normal a life as possible, and encouraged to attend the theatre, cinema or go to local dances. During normal working days, they attend the Adult Training Centre.

PART III

CONTROL OF INFECTIOUS DISEASES

Notifiable Infectious Diseases

Tuberculosis

Venereal Disease

NOTIFIABLE INFECTIOUS DISEASES

Incidence:

The following summary gives the number of cases of notifiable infectious diseases, other than tuberculosis.

Disease	Total Cases Notified
Anthrax	—
Diphtheria	—
Dysentery	53
Acute Encephalitis	—
Enteric Fever (including Paratyphoid)	1 (Typhoid Fever)*
Erysipelas	7
Malaria	—
Measles	666
Meningococcal Infection	1
Ophthalmia Neonatorum	—
Pneumonia—	
Acute Primary	26
Acute Influenzal	6
Acute Poliomyelitis—	
Paralytic	—
Non-Paralytic	—
Puerperal Pyrexia	—
Scarlet Fever	63
Smallpox	—
Whooping Cough	96
Food Poisoning	64

* See corrected diagnosis.

The following table gives the number of notifications of notifiable diseases after correction of diagnosis, during each of the last ten years.

Disease	1958	1959	1960	1961	1962	1963	1964	1965	1966	1967
§Anthrax				—	—	—	—	—	—	—
Diphtheria	—	—	—	—	—	—	—	—	—	—
Dysentery	187	237	509	229	331	97	94	125	136	53
Acute Encephalitis	1	—	1	—	—	—	—	—	—	—
Enteric Fever (including Paratyphoid)	—	6	1	1	2	1	—	—	—	—
Erysipelas	21	19	7	10	3	10	6	4	—	7
Malaria	—	1	1	1	1	1	—	—	—	—
Measles	111	1797	1058	2708	576	2193	973	1591	1419	666
Meningococcal Infection ..	1	2	4	1	—	—	—	2	1	1
Ophthalmia Neonatorum ..	2	—	—	—	1	1	—	—	1	—
Pneumonia										
Acute Primary	136	103	79	79	65	81	37	27	35	26
Acute Influenzal	19	74	4	63	30	16	2	2	—	6
Acute Poliomyelitis										
Paralytic	3	—	1	15	1	1	2	—	—	—
Non-Paralytic	3	3	—	10	—	1	—	—	—	—
Puerperal Pyrexia	4	3	2	1	2	1	3	—	2	—
Scarlet Fever	278	262	186	89	59	66	58	156	242	63
Smallpox	—	—	—	—	—	—	—	—	—	—
Whooping Cough	40	100	179	147	2	55	142	26	95	96
Food Poisoning	150	181	59	47	66	62	41	38	31	64

Deaths from Infectious Diseases, 1958-1967 inclusive:

Disease	1958	1959	1960	1961	1962	1963	1964	1965	1966	1967
Diphtheria	-	-	-	-	-	-	-	-	-	-
Dysentery	-	-	-	-	-	-	-	-	-	-
Diarrhoea and Enteritis under 2 years of age ..	-	-	1	1	1	3	2	-	2	3
Acute Encephalitis	-	-	-	-	-	-	-	1	1	1
Enteric Fever (including Paratyphoid)	-	-	-	-	-	-	-	-	-	-
Erysipelas	-	-	-	-	-	-	-	-	-	-
Malaria	-	-	-	-	-	-	-	-	-	-
Measles	-	-	-	-	-	-	-	-	-	-
Meningococcal Infection ..	-	-	-	1	1	-	1	1	1	2
Ophthalmia Neonatorum ..	-	-	-	-	-	-	-	-	-	-
All forms of Pneumonia ..	92	107	110	114	122	146	90	115	134	102
including—										
Acute Primary Pneumonia	25	12	18	14	23	19	11	15	21	29
Acute Influenzal „	2	7	6	31	15	5	3	-	3	2
Acute Poliomyelitis	-	-	-	-	-	-	-	-	-	-
Puerperal Pyrexia	-	-	-	-	-	-	-	-	-	-
Scarlet Fever	-	-	-	-	-	-	-	-	-	-
Smallpox	-	-	-	-	-	-	-	-	-	-
Whooping Cough	-	-	-	-	-	-	-	-	-	-
Food Poisoning	-	-	-	-	-	-	-	-	-	-

Diphtheria:

For the 12th year in succession there has been no case of diphtheria notified in the County Borough of Bolton. The immunisation campaign continues and every encouragement is given to the parents to have their babies and young children protected against diphtheria and other diseases. The health visitors who are now all linked with the practices of family doctors have an excellent opportunity to encourage mothers to attend the surgery to see their own doctor and to come to the Child Welfare Centres for immunisation. The health visitors carry out some immunisations in the home, where the mother fails to bring her children for protection. In view of all the publicity and activity by health visitors and doctors, it is surprising how many babies and young children remain unprotected. Dissenting parents are perhaps too complacent that twelve years with no diphtheria means the disease has gone from our community. We shall continue to remind them that prevention is better than cure.

Dysentery, Food Poisoning and Typhoid Fever:

It would seem helpful to discuss Dysentery and Food Poisoning together, as the incidents of 1967 show how difficult it is to consider them as separate entities. Indeed on occasions food poisoning is mis-diagnosed as typhoid fever. This occurred in the one notified case of typhoid fever during 1967 in which the patient suffered from fever, abdominal pain and vomiting. Investigations showed the intestinal pathogen to be Salmonella stanley. The source of this infection was never found and there was only one other case due to the bacterium in someone coming into the town and in no way related to the first case.

In 1967 there were no outbreaks of dysentery in the day nurseries. In the community there was the occasional case of infection with Shigella sonnei. However in the latter part of the year there were many carriers of intestinal

pathogens in a residential children's nursery. This carrier state was linked with a wider outbreak of food poisoning in the town and in the surrounding county districts.

The outbreak was brought to light by routine checking of the stools of the children admitted to the nursery. It was found that one infant was a carrier of *Salmonella virchow* and by the time this infection was discovered, most of the babies and children in the nursery had been cross-infected, and indeed a fair proportion of the staff were also carriers of the germ. So we were faced with a widespread carrier state due to *Salmonella virchow* infection, with fortunately no one ill, but nevertheless all the necessary procedures and treatment had to be taken to clear this infection.

Our knowledge of this organism from a smaller outbreak in 1965, led us to check various foods, particularly chicken and meat. At three selling points in the town we found foods carrying the germ. Also some of the food handlers in the processing factory and at the cooking points were carriers and because they were handling the meat after cooking this cooked food was also infected.

At the time mild cases of food poisoning occurred in the town and with the family doctors alerted, 47 cases of food poisoning were notified. Ten of these were positive for *Salmonella virchow* and some 14 more were found in checking the families of these ten cases, and from hospital sources. Apart from these cases 92 other contacts of the cases were found to have *Salmonella virchow* in their stools. These carriers were amongst food handlers, nursery-school staff, who were the people most subject to be checked. No doubt there would have been other cases had more samples been taken in the general community. What with the additional 50 carriers in the nursery, it is obvious that this infection was a trouble to clear from the important groups in the town.

The public health inspector checked at cooking points in processing factories and firms, and there was a very good link between the other health authorities involved. The infection was brought under control. The foot and mouth outbreak in the farms made further investigation of the ultimate source of the infection not possible. At the time of writing the report we are still keeping the problem under constant review.

It would seem that *Salmonella* infection in chickens and in meat is bound to occur to a limited extent. Good hygiene during processing and excellent hygiene during cooking to ensure that the person who handles the uncooked meat does not handle the cooked meat, is essential. Adequate cooking is essential so that the cooking heat reaches the carcass area of the carcass. Even cooking becomes an inadequate safeguard if the food handler contaminated with any type of *Salmonella* bacteria handles the cooked food.

This was the main outbreak in 1967 - it is very difficult to say where dysentery ends and food poisoning begins - certainly they become as one if food handlers forget to observe the best hygiene.

During August 1967, an outbreak of food poisoning was reported in one of our old people's homes. The cases notified were carefully studied - no bacteria were found. The upset in the old people could have been due to a virus but it seemed more likely due to a meal which contained some rather acid rhubarb.

Measles:

There were 666 cases of measles in 1967 - far fewer than the 1,419 of 1966. 73.5% of the cases occurred in the first quarter of the year. There were no deaths from measles.

Pneumonia:

There were 102 deaths from pneumonia, 25% of these deaths were in the month of December.

Poliomyelitis:

There were no cases of poliomyelitis. The crippling effects of this disease seem to have gone. This is largely due to the Salk and now the oral Sabin vaccine. Our figures for vaccination against poliomyelitis are still too low in 1967 - 67% of infants received Sabin vaccine. The taking of oral vaccine is such a simple porcedure it is difficult to understand why some parents deny protection from poliomyelitis to their children.

Whooping Cough:

There were 96 notified cases and once again, fortunately, no deaths. As has been said, not all parents have their children protected in infancy. The protection is not perfect but does reduce the spasmodic coughing in infancy when the developing lungs and chest are subject to structural damage.

It is interesting that during the winter of 1967 many older children suffered from hacking coughing and vomiting - children who had been protected in infancy. Whether this is modified whooping cough developing as their protection becomes less as they become older, is difficult to know, but at least at the older stage the structure of the chest and lungs is much less likely to be damaged.

One fact is certain that parents who do not protect their children once these children have the disease, they can cough it over susceptible friends.

Scarlet Fever:

There were 63 cases of mild scarlet fever. This disease fortunately gave little trouble. A careful watch is kept on any trained midwife or nursery nurse who has a sore throat, as from time to time the old troublesome infection of puerperal sepsis can occur unless we are vigilant.

General Administration of the Control of Infectious Diseases:

Public health inspectors carried out 195 visits, and health visitors 207 visits, to make enquiries concerning infectious diseases.

The number of pathological specimens sent for examination to the Department of Pathology at the Bolton Royal Infirmary was 2,242. The types of specimens examined, and the results obtained, are as shown in the following table.

Type of Specimen	Pathogenic Organism Found	No. of Specimens
Faeces	Salmonella virchow	209
	Salmonella stanley	1
	Sh. sonnei	26
	Sh. flexneri	4
	Negative results	2,000
	TOTAL	2,240
Ear, Nose and Throat Swabs	2
	GRAND TOTAL ..	2,242

Notices under the Public Health (Infectious Diseases) Regulations, 1953, were served upon 25 persons who were proved to be Salmonella carriers and who were food handlers. They were required to do no further work in food premises until they were proved to be free from infection. These persons submitted claims for compensation, and the total amount paid was £725 10s. 11d.

The following table shows the number of persons to whom special attention was directed in view of the fact that their occupation involved a higher risk of infection to others.

Category	Examinations for		
	Sonne Dysentery	Salmonella Infections	Other Intestinal Infections
FOOD HANDLERS			
Positive	3	70	1
Negative	45	266	31
NURSERY STAFF			
Positive	—	11	—
Negative	4	15	11
NURSING AND HOSPITAL STAFF			
Positive	—	—	—
Negative	1	5	8
SCHOOL STAFF			
Positive	—	7	—
Negative	2	33	—
HOME HELPS			
Positive	—	—	—
Negative	—	12	—
TOTALS ..	55	419	51

Certificates were issued in accordance with the authority given to the Medical Officer of Health under the Ministry of Health Circular 115/48 for the purpose of claiming National Insurance sickness payments in respect of four carriers of infectious disease who, because of the nature of their employment, were in a position to spread infection.

I wish to thank the staff of the Pathological Laboratory at the Bolton Royal Infirmary for their help in examining specimens and in the interpretation of the findings.

TUBERCULOSIS

Dr. John Mitchell, Consultant Physician, has kindly supplied the following information.

Notifications:

AGE AND SEX DISTRIBUTION OF NOTIFIED CASES:

Respiratory Tuberculosis

Age Periods	0-	1-	2-	5-	10-	15-	20-	25-	35-	45-	55-	65-	75-	Total (all ages)
Males	-	-	-	-	2	1	1	2*	5	2	6	3	-	22
Females	-	-	-	2	1	1	1	6	3	-	3	-	-	17
TOTALS	-	-	-	2	3	2	2	8	8	2	9	3	-	39

Non-Respiratory Tuberculosis

Age Periods	0-	1-	2-	5-	10-	15-	20-	25-	35-	45-	55-	65-	75-	Total (all ages)
Males	-	-	-	-	-	-	1	4*	-	-	-	-	1	6
Females	-	-	-	-	-	-	-	1	1	-	-	-	-	2
TOTALS	-	-	-	-	-	-	1	5	1	-	-	-	1	8

* One patient notified as Respiratory and Non-Respiratory Tuberculosis

The number of cases on the Tuberculosis Register at the end of the year was 145.

	MEN	WOMEN	CHILDREN	TOTAL
Respiratory Tuberculosis ..	71	43	7	121
Non-Respiratory Tuberculosis	17	5	2	24

Deaths:

Respiratory Tuberculosis

Age Periods	0-	1-	2-	5-	10-	15-	20-	25-	35-	45-	55-	65-	75-	Total (all ages)
Males	-	-	-	-	-	-	-	-	1	-	3	1	1	6
Females	-	-	-	-	-	-	-	-	-	1	-	1	-	2
TOTALS	-	-	-	-	-	-	-	-	1	1	3	2	1	8

Non-Respiratory Tuberculosis

There were 2 (male) non-pulmonary notifications after death.

Summary of the Work of the Chest Clinic:

	1957	1958	1959	1960	1961	1962	1963	1964	1965	1966	1967
No. of new cases notified.. . . .	101	89	63	60	82	62	57	52	49	46	46
No. of deaths	14	16	10	10	13	8	10	13	12	6	10
No. of attendances of new cases	1,722	1,682	1,395	1,223	1,082	1,126	1,262	1,175	1,013	1,061	932
No. of cases referred from Mass Miniature Radiography Units	18	30	235	119	105	176	242	208	108	134	63
B.C.G. Vaccinations..	96	129	151	179	129	121	145	127	85	86	133
Total attendances at clinic	5,674	5,078	4,328	3,679	3,302	3,404	3,552	3,337	2,770	2,594	2,010
No. of contacts examined ..	689	966	606	608	447	416	529	413	338	444	392

General Comment:

There were 46 new cases of tuberculosis notified during 1967 - the same as last year.

Ten patients died of tuberculosis during the year.

There are now 5 patients (2 males and 3 females) with persistently positive sputa.

During the year, 133 B.C.G. vaccinations were carried out at the Chest Clinic.

Care and After-Care of Patients Suffering from Tuberculosis:

As in the previous year close co-operation was maintained between the staffs of the Health Department and the Chest Clinic, to discharge the duties of the Local Authority in this respect. The volume of work showed an appreciable increase.

After-Care Panel:

This panel held five meetings in 1967. The main problem concerned re-housing on the grounds of tuberculosis. New accommodation was found for six families as against the re-housing of two families only in 1966.

Other After-Care Activities:

In 1967 the Home Nursing Service undertook the care of 22 pulmonary and 12 non-pulmonary cases, as against 15 and 11 respectively in 1966. The total number of treatments given increased from 1,730 in 1966 to 2,499 in 1967, and consisted mainly in giving injections of Streptomycin either in the home of the patient or at the Health Department.

Health Visitors in 1967 paid 339 visits to homes, as against 265 visits in 1966, supervising conditions, advising on treatments, and in general contributing to the "health education" of the patient and his family.

B.C.G. Vaccination:

At the Chest Clinic in connection with protection against infection 328 skin tests were performed in 1967, as against 213 in the previous year. 133 negative reactions involving children, especially babies, received B.C.G. vaccinations as against 86 vaccinations in 1966.

Contact Clinics:

As and when necessary, official clinics were held for contacts of recently discovered cases of tuberculosis. 392 cases were examined during the year, one only required treatment. Close observation was carried out for prolonged periods in 6 cases.

SCHOOL CHILDREN WITH POSITIVE TUBERCULIN TESTS:

Ministry of Health Circular of 18th February, 1960, recommended observation of school leavers found to have strongly positive tuberculin tests. Follow-up clinics for these children were carried out during the year.

Incidence of Tuberculosis in Immigrants in Bolton during 1967:

NOTIFICATION:

During the year, out of a total of 46 patients notified, 20 were either Pakistani or Indian. Four of these were non-respiratory (1 T.B. Cervical Adenitis; 2 T.B. Lymph Adenitis; 1 T.B. spine). In addition, 1 patient was notified as respiratory combined with non-respiratory tuberculosis (1 T.B. abcess on the dorsum of the left foot).

The immigrant population in Bolton is estimated to be about 4,000.

B.C.G. Vaccination of School Children and Students:

This year the programme for B.C.G. vaccination has been extended to include all immigrant school children. As is well known immigrants to this country show a high incidence of pulmonary tuberculosis. There are two possible reasons; firstly, that they are infected before they arrive here and secondly, that they are specially susceptible and develop tuberculosis when exposed to infection in this country. With the agreement of the Bolton Commonwealth Friendship Council, it was decided that all immigrant school children should be tested for tuberculosis, and if necessary, vaccinated against it. Parents were notified of this policy, and all, except one parent, gave permission for vaccination.

The twelve year old group were, with parental consent, given B.C.G. vaccination if this was indicated after the Heaf gun multiple puncture skin test. Included in this group were the older immigrant school children.

It is significant that 56% of immigrant school children were positive reactors compared with a 12% incidence in the normal school population.

Total No. of consents received	1,941
No. of children skin tested	1,965
(including some tested twice)						
(No. absent for skin test)	147
No. found positive	223
Positive reaction	-					132
Strongly positive	-					91

No. found negative	1,636
No. given B.C.G.	1,636
No. absent for reading	106

TOTAL NO. OF CHILDREN	NO. POSITIVE	% POSITIVE
1,859	223	12

Immigrant School Children:

No. of children skin tested	264
(No. absent for reading)	5
No. found positive	114

Positive reaction - 75

Strongly positive - 39

No. found negative	145
No. given B.C.G.	145

TOTAL NO. OF CHILDREN	NO. POSITIVE	% POSITIVE
259	145	56

B.C.G. Vaccination - Immigrant Children
May/June 1967

Schools attended - Pikes Lane, Juniors
 „ „ Infants
 Emmanuel
 Sunning Hill, Primary
 „ „ Secondary

Age in Years	No. Skin Tested	POSITIVE				NEGATIVE Given B.C.G.
		Grade 1	Grade 2	Grade 3	Grade 4	
4	1	-	-	-	1	-
5	22	-	3	3	1	15
6	37	1	1	6	-	29
7	41	4	1	9	-	27
8	35	9	7	2	-	17
9	30	7	5	3	-	15
10	32	8	2	1	1	20
11	32	10	4	3	1	14
12	13	2	3	2	2	4
13	14	6	2	4	-	2
14	-	-	-	-	-	-
15	1	-	-	-	-	1
16	1	-	-	-	-	1
TOTAL	259	47	28	33	6	145

Mass Miniature Radiography Survey in Bolton:

I am indebted to Mr. N. Hall, the Organising Secretary of the No. 4 Mass Miniature Radiography Unit, for sending me the following information:

It was not possible to carry out any general public sessions this year. The Unit did, however, visit factories, etc., in Bolton and a total of 7,324 people (Males: 4,331 and Females: 2,993) were examined. The following table shows abnormalities discovered by Mass Miniature Radiography at visits to factories.

Significant Abnormalities (Distribution by Age and Sex)

	Males										Females										Grand Total	
	Under 14	15-19	20-24	25-34	35-44	45-54	55-64	65 & over	Total	Rate per 1000	Under 14	15-19	20-24	25-34	35-44	45-54	55-64	65 & over	Total	Rate Per 1000	Cases	Rate per 1000
Abnormalities																						
Tuberculosis requiring close clinical supervision or treatment.				1	2				3	0.69					1				1	0.33	4	0.55
Tuberculosis requiring only occasional outpatient supervision			2	1	1		2		6	1.39									-		6	0.82
Malignant Neoplasms.							1	1	2										-		2	
Non-Malignant Neoplasms.									-					1					1		1	
Lymphadenopathies, (excluding Sarcoids)									-										-		-	
Sarcoids (including enlarged Hilar Glands).									-				1						1		1	
Congenital Cardiac abnormalities and abnormalities of the Vascular System.									-										-		-	
Acquired Cardiac abnormalities and abnormalities of the Vascular System.						2		1	3			1	1	2	5	3			12		15	
Pneumoconiosis without P.M.F.									-										-		-	
Pneumoconiosis with P.M.F.									-										-		-	

Mass Miniature Radiography Surveys

	No. of Persons Examined			Active Tuberculosis			Malignant Neoplasms		
	Males	Females	Total	Males	Females	Total	Males	Females	Total
1959									
Rate per 1,000 examined	11,781	10,686	22,467	13 1.1	14 1.3	27 1.20	12 1.01	5 .46	17 .76
1960									
Rate per 1,000 examined	5,640	5,150	10,790	7 1.24	2 .39	9 .83	9 1.60	1 .19	10 .93
1961									
Rate per 1,000 examined	6,530	5,057	11,587	15 2.30	10 1.98	25 2.16	9 1.39	2 .39	11 .92
1962									
Rate per 1,000 examined	6,559	5,507	12,066	1 .15	9 1.63	10 .83	15 2.29	3 .54	18 1.49
1963									
Rate per 1,000 examined	7,818	6,561	14,379	8 1.03	4 .61	12 .83	8 1.03	3 .46	11 .76
1964									
Rate per 1,000 examined	6,651	6,880	13,531	8 1.20	4 .58	12 .89	15 2.26	4 .58	19 1.40
1965									
Rate per 1,000 examined	6,685	5,045	11,730	7 1.05	3 .59	10 .85	10 1.50	1 .20	11 .94
1966									
Rate per 1,000 examined	7,469	6,014	13,483	3 .40	—	3 .22	10 1.34	2 .33	12 .89
1967									
Rate per 1,000 examined	4,331	2,993	7,324	3 .69	1 .33	4 .55	2 .46	—	2 .27

VENEREAL DISEASE

Dr. Philip S. Silver has supplied the following information which relates to Bolton residents only in attendance at his clinic.

The number of new cases of syphilis during 1967 is the same as the previous year.

There is a 13% increase in the number of new cases of gonorrhoea. The national increase for gonorrhoea is 20%.

There is a 30% increase in the number of attendances diagnosed as non-venereal disease.

The ratio of male to female patients is $2\frac{1}{2} : 1$.

Twenty-eight cases were referred from the Moral Welfare Worker and the ante-natal clinic, four more than in 1966. The clinic staff carried out 74 domiciliary visits for the purpose of ascertaining the cause of non-attendance.

The following table summarises the situation for the past twelve years:

	1956	1957	1958	1959	1960	1961	1962	1963	1964	1965	1966	1967
Syphilis	23	22	19	19	10	14	16	10	7	20	4	4
Gonorrhoea	58	55	57	58	74	123	72	46	64	93	157	182
Non-Venereal Disease	286	256	214	265	320	348	349	352	335	407	310	413
TOTALS:	365	333	290	342	404	485	437	408	406	510	471	599

PART IV

ENVIRONMENTAL HYGIENE

Work of the Chief Public Health Inspector

Slum Clearance

Clean Air

Inspection and Supervision of Food

General Sanitation

Disinfection and Disinfestation

Report of the Borough Analyst

WORK OF THE CHIEF PUBLIC HEALTH INSPECTOR

Rapid progress was made during the year in the establishment of further smoke control areas. Also, the slum clearance programme was extended and progress has been maintained.

A random housing survey was carried out on the lines described in the publication "Our Older Homes - A Call for Action", and details are given on page 108.

The measurement of radio activity in fish and sea foods which was commenced last year in association with the Manchester University Radiation Protection Laboratories is continuing, but the radio chemical analysis needed to confirm the possibility of artificial contamination will be carried out by Dr. Broadbank and his associates at the Bolton Institute of Technology. The preparatory work of ashing the fish is done by a public health inspector and for this purpose it will be necessary to construct a new muffle furnace in the Health Department.

During the forthcoming year three students take their final examinations, and if they are successful it would enable work which has not been undertaken for several years, owing to shortage of staff, to be carried out. This is particularly necessary in connection with houses in multiple occupation, and also for the implementation of the Offices, Shops and Railway Premises Act, 1963.

SLUM CLEARANCE

Clearance Areas and Compulsory Purchase Orders:

Since the start of the Council's slum clearance programme (November, 1955), 4,517 houses have been demolished by way of compulsory purchase order or individual unfit house procedure. There have been 3,433 families re-housed from these premises.

During the year 1967 there were 719 houses demolished and 541 families re-housed under the provisions of the Housing Acts 1936-1964. The areas dealt with were as follows:

Derby Ward Nos. 12 to 18 (Deane Road Area)
West Ward No. 12 (Boundary Street Area)
West Ward No. 11 (Belgrave Street Area)
Halliwell Ward Nos. 2-4 (Plato Street and Southern Street Area)
North Ward Nos. 1-4 (Howard Street Area)
East Ward Nos. 6 & 7 (Cooper Street Area)

Confirmed Clearance Areas:

Following a public inquiry held on January 24th, 1967, the Bolton (West Ward No. 12 Clearance Area) Compulsory Purchase Order, 1966 (Boundary Street Area) was confirmed by the Ministry of Housing and Local Government with minor modifications, on the 8th May, 1967, and the Bolton (Halliwell Ward Nos. 2 to 4 Clearance Areas) Compulsory Purchase Order 1966 (Plato Street and Southern Street Areas) was confirmed on the 6th June, 1967.

Nineteen applications for well maintained payments were approved. Two hundred and fifty-five premises will be affected in these areas and six hundred and twenty-three persons will require re-housing.

Following a public inquiry held on 18th July, 1967, the Bolton (North Ward Nos. 1 to 4 Clearance Areas) Compulsory Purchase Order, 1967 (Howard Street Area) and the Bolton (East Ward Nos. 6 & 7 Clearance Areas) Compulsory Purchase Order, 1967 (Cooper Street Area) were confirmed with minor modifications. The former was confirmed on the 13th September, 1967, and the latter on the 17th October, 1967.

In these two orders, forty-nine applications for well maintained payments were approved. Four hundred and forty-one premises will be affected and one-thousand-and-seventy-five persons will require re-housing.

On the 22nd March, 1967, sixty-eight unfit houses including a house and shop were represented to the Health Committee and subsequently the Bolton (Valletts Lane Clearance Area) Compulsory Purchase Order, 1967 was made and submitted to the Ministry of Housing and Local Government. This Order was confirmed with minor modifications by the Minister on the 14th December, 1967.

Ten applications for well maintained payments were made. Sixty-eight premises will be affected and ninety-six persons will require re-housing.

Also on the 22nd March, 1967, forty-three unfit houses were represented to the Health Committee and subsequently the Bolton (Halliwell No. 5 Clearance Area) Compulsory Purchase Order, 1967 (Rivington Street Area) was made and submitted to the Minister. This Order was confirmed with minor modifications on the 14th December, 1967. Six applications for well maintained payments were approved. Forty-four premises will be affected and one-hundred-and-nine persons will require re-housing.

Future Clearance Areas:

On the 7th June, 1967, seventy-five unfit houses including houses and shops were represented to the Health Committee and subsequently the Bolton (Rumworth Ward Nos. 1 to 5 Clearance Areas) Compulsory Purchase Order, 1967 (Bella Street and Blackledge Street Areas) was made. In addition to the unfit houses this Order will include twelve other premises, four of which are dwellings, and several plots of land including garages. A public inquiry will be held on the 20th February, 1968.

Also on the 7th June, 1967, eighty-nine unfit houses including houses and shops were represented to the Health Committee and subsequently the Bolton (Halliwell Ward Nos. 6 and 7 Clearance Areas) Compulsory Purchase Order, 1967 (Center Street Area) was made. In addition to the unfit houses this Order will include ten other premises (five of these being dwellings) lands and garages. A public inquiry will be held on the 20th February, 1968.

On the 15th November, 1967, two-hundred-and-fifty-one houses including houses and shops were represented to the Health Committee and subsequently the Bolton (East Ward No. 8 Clearance Area) Compulsory Purchase Order, 1967 (Arthur Street Area) and the Bolton (West Ward No. 13 Clearance Area) Compulsory Purchase Order, 1968 (Boardman Street Area) were made. The former included seven unfit dwellings and the latter included two-hundred-and-forty-four unfit dwellings and two other dwellings.

A public inquiry is to be held in connection with the former Order on the 20th February, 1968. One-thousand-one-hundred-and-sixteen persons will require re-housing as a consequence of these four compulsory purchase orders.

General:

The Ministry of Housing and Local Government, Central Housing Advisory Committee, issued a publication in 1965 ("Our Older Homes - A Call for Action") dealing with standards of housing fitness. In this publication it was suggested that a sampling method might be employed by local authorities to ascertain the approximate number of unfit houses in a particular town.

A survey of 947 houses, as outlined in the publication, was carried out in the early part of the year by public health inspectors and technical assistants, using the specified sample size.

From the statistical procedure recommended by the Minister it would appear that there are at least 8,724 unfit houses in the borough, but it is considered from local knowledgeth at the figure of 8,724 is probably on the high side, and that there are, in fact, about 6,500 unfit houses still to be dealt with. At least 1,000 of these will be in small units which it is thought would not lend themselves to clearance area procedure and redevelopment, which has been the pattern with large scale slum clearance in Bolton in past years.

Inspections of houses were carried out during the year in accordance with Section 3 of the Housing Act, 1957, and for the purpose of preparing proposed clearance areas for consideration at meetings of the Working Party on slum clearance.

Plans and reports were prepared in co-operation with other departments of the Corporation and representatives of other bodies in respect of redevelopment and other matters concerning slum clearance.

A considerable amount of work is involved in the Public Health Inspectors' Section on preparation of working maps, final census, preparation of papers for representations and evidence for public inquiries in connection with clearance areas.

Inquiries from Purchasers of Houses:

Numerous inquiries at the Health Department continue to be made by persons interested in house purchase. The inspectors gave information on the existing slum clearance programme to 1,902 inquirers during the year. The number of inquiries regarding land charges received from potential purchasers of properties within the Borough was 3,135.

Compensation:

Under the Housing Act, 1957, payments may be made in respect of condemned houses which have been well maintained by either the owner or the occupier.

Temporary provision for payments to owner-occupiers and others in certain circumstances in respect of unfit houses purchased, closed or demolished under Parts II or III of the Act, were to have ceased on the 13th December, 1965, but these payments will be continued with modification by virtue of the Housing (Slum Clearance Compensation) Act, 1965.

Advances for House Purchase:

In connection with advances for House Purchase, the Borough Treasurer requests the advice of the Health Department as to whether or not the houses concerned have a life of less than ten years. This information is based on the Corporation's approved programme and the opinion of the Chief Public Health Inspector.

Improvement and Standard Grants:

The following information has been kindly supplied by the Borough Planning Officer in respect of the year 1967:-

Number of applications received	668
Number of applications approved	660
Number of applications refused..	16*
Number of applications cancelled	12*

* *Some applications carried forward from previous years.*

The Borough Planning Officer states that in all cases applicants are interviewed and where possible inspections are carried out so that advice can be given prior to the application being made, so as to avoid the necessity for the refusal of applications. In addition the Borough Planning Officer requests the advice of the Health Department in all cases as to whether or not houses concerned are likely to have a life of not less than fifteen years. Such information is, of course, merely in the nature of a provisional estimate based on the Chief Public Health Inspector's appreciation of the situation, as the Corporation's approved programme of slum clearance did not, at the end of 1967 extend beyond 1970 (a programme for 1971 has since been approved).

Certificates of Disrepair - Rent Act, 1957:

In view of the complexity of the procedure for the issue of various certificates under the Rent Act, 1957, all applications for certificates have continued to be dealt with by the Insanitary Areas and Premises Sub-Committee. No appeals to the Courts have been made against any of the Sub-Committee's decisions since the Act came into force.

The following table gives details of the types and numbers of certificates applied for and the action taken by the Sub-Committee.

APPLICATIONS FOR CERTIFICATES OF DISREPAIR:

Number of applications for certificates	3
Number of decisions not to issue certificates	—
Number of decisions to issue certificates:					
(a) in respect of some but not all defects	2
(b) in respect of all defects	1
Number of undertakings given by landlords under paragraph 5 of the First Schedule	2
Number of undertakings refused by Local Authority under proviso to paragraph 5 of the First Schedule	—
Number of certificates issued	1

APPLICATIONS FOR CERTIFICATES AS TO THE REMEDYING OF DEFECTS:

Number of applications by tenants	—
Number of applications by landlords	—
Number of certificates issued	—

APPLICATIONS FOR CANCELLATION OF CERTIFICATES:

Applications by landlords to Local Authority for cancellation of certificates	—
Objections by tenants to cancellation of certificates	—
Decisions by Local Authority to cancel despite tenant's objections	—
Certificates cancelled by Local Authority	—

STATEMENT OF ACTION TAKEN UNDER RENT ACT, 1957 SINCE 6TH JULY, 1957, UP TO PRESENT DATE:

Number of applications for Certificates of Disrepair	572
Number of undertakings given by landlords	206
Number of Certificates of Disrepair issued	359
Number of Certificates of Disrepair cancelled by Local Authority		75

Housing Statistics:

HOUSES NOT INCLUDED IN CLEARANCE AREAS:

Action was taken under the appropriate enactments as follows:

NEW ACTION:

Houses represented under Section 16 of the Housing Act, 1957		53
Demolition Orders made	47
Closing Orders made	18
Undertakings not to re-let for human habitation	Nil

COMPLETED ACTION:

Houses demolished	82
Persons rehoused	162
Houses closed	17
Persons rehoused	47
Cases pending at close of year	16

Two cases occurred of illegal occupation of houses subject to operative Closing Orders; prompt vacation in one case was secured through informal action; in the second case legal proceedings were unsuccessfully instituted against the agents responsible for the property. One application was considered, and refused, for a well-maintained house payment in respect of a house on which a Closing Order had been made.

Housing Inspections:

INSPECTION OF DWELLING-HOUSES

1. Dwelling-houses inspected for housing defects (under Public Health Act or Housing Acts)	2,886
Inspections made for the purpose	7,672
2. Dwelling-houses (included under sub-head (1) above) which were inspected under the Housing Consolidated Regulations, 1925, as amended by the Housing Consolidated Amendment Regulations, 1932	288
Inspections made for the purpose	288

REPAIRS - INFORMAL ACTION

Unfit or defective houses rendered fit as a result of informal action by the Local Authority under the Public Health Act or Housing Acts	121
--	-----

ACTION UNDER STATUTORY POWERS

PUBLIC HEALTH ACT, 1936:

Houses in which defects were remedied after service of formal notices :	
By owners	137
By Local Authority in default of owners	28

HOUSING ACT, 1957:

No action was taken under sections 9 or 10.

CLEAN AIR

Measurement and Investigation of Atmospheric Pollution:

The measurement and study of atmospheric pollution which from 1957 has been based on the maintenance of nine volumetric air sampling stations suitably located throughout the Borough was continued with one minor variation during the year. The premises in which one of the instruments was located was no longer available to the department, and as no other suitable premises are available in the particular area the number of instruments now in operation is reduced to eight. The results obtained from this station in previous years have been very close to the average of the nine stations, consequently its deletion will not prejudice the comparison of past and future measurements.

It is encouraging to note that the results obtained from these measurements show a significant approximate correlation between reduction of pollution and the practical measures which have been taken with this end in view, namely the re-equipment of industrial boilers and furnaces and the formation of smoke control areas. It is expected that the present reduction of 45% in smoke and SO² as compared with ten years ago will be improved upon.

It is anticipated that a Bill now before Parliament will make it illegal to supply coal to houses in smoke control areas, and to enable legal proceedings to be taken against fuel suppliers who do so. It is well known that this practice does occur at the present time, and that this is one of the reasons why the reduction in smoke pollution of the atmosphere has not proceeded even more rapidly. The new powers will enable this problem to be tackled at source by dealing direct with the offending supplier, rather than taking the householder to Court for contravening the Smoke Control Order.

Installation of Furnaces:

Four notifications of installations under Section 3(3) Clean Air Act, 1956 were made.

Industrial Fumes, Dust, etc.:

One firm has installed closed-circuit continuous process equipment and discarded a batch process plant which formerly gave rise to obnoxious smells.

Alkali, etc., Works Registration Act, 1906:

Six premises are registered under the Act, i.e.:

Electricity generating station	1
Gas Works	1
Iron and steel manufacture	2
Chemical manufacture	2

Close collaboration is maintained with the local Alkali Inspector and advice and assistance have been given by him in a number of matters outside his own province.

Smoke Control Areas:

The following table shows the position regarding smokeless zones and smoke control areas under the Bolton Corporation Act, 1949 and the Clean Air Act, 1956, respectively, at the end of December, 1966.

SMOKELESS ZONE (TOWN CENTRE):												
Acreage	86
Premises	1050
SMOKE CONTROL AREAS:												
Acreage	1836
Premises	15095

During 1967 the following Smoke Control Orders were made:

LADYBRIDGE SMOKE CONTROL AREA												
Acreage	200
Premises	1232
TOP O'TH' MOSS SMOKE CONTROL AREA:												
Acreage	35
Premises	287
FOSTER LANE SMOKE CONTROL AREA												
Acreage	5.7
Premises	33

Orders were made by the Health Committee in December, 1967 in respect of the Derby Ward No. 3 (68.72 acres; 610 premises) and Deane No.2 (102.6 acres; 187 premises) smoke control areas, but these Orders were not confirmed by the Town Council until the 3rd January, 1968.

The Ladybridge, Top o'th' Moss and Foster Lane Smoke control areas are all areas of new private housing development; all the dwellings are "new dwellings" for purposes of the Clean Air Act, 1956, and consequently these areas are being established at no financial cost to the Corporation. The Derby Ward No. 3 and Deane No. 2 Smoke Control Orders were made in furtherance of the Council's smoke control programme; a substantial proportion of the land included in the Derby Ward No. 3 smoke control area has been cleared under Compulsory Purchase Order procedure (slum clearance; Technical College site). In the Derby Ward No. 3 smoke control area dwellings included in the slum clearance programme were excluded from the operation of the Smoke Control Orders, as were a number of buildings, due to be demolished, but still standing at the time the Order was made.

During 1967 survey work commenced on the Morris Green Smoke Control area in furtherance of the smoke control programme. Preparatory work was also carried out in connection with the proposed Ladybridge No. 2 smoke control area and the proposed Moorfield and Firwood smoke control area; the former is an area of new private development (53.04 acres; 621 premises) whilst the latter consists only of Corporation houses in the estates of those names.

The Halliwell and Smithills Smoke Control Order (the only one made during 1966) was confirmed in February, 1967 and came into operation on the 1st September, 1967. The Ladybridge Smoke Control Order was confirmed in July, 1967 and the 'Top o'th' Moss Order in December, 1967; both will come into operation on the 1st July, 1968.

At the end of 1967 the acreages and numbers of premises of various kinds covered by operative Smoke Control Orders were as follows:

ACREAGE: 1,922

NUMBERS OF PREMISES:

Dwellings	14,721
Commercial	836
Industrial	184
Others	404
TOTAL									<u>16,145</u>

In the case of Smoke Control Orders made during 1967, the usual enquiries were made regarding the availability of fuel supplies, and the required guarantees were given in respect of electricity and gas, although the North Western Gas Board stated that no guarantees could be given regarding supplies of gas coke or phimax for future smoke control areas. Assurances were given regarding the availability of hard coke and other premium fuels. Since no adequate guarantees could be given of the availability of a cheap solid smokeless fuel as an alternative to the more expensive premium fuels for open fires, the Town Council made designations under the Housing Act, 1964, to prevent the payment of grant from public funds towards the installation of "soft" coke appliances in connection with the Ladybridge, Derby Ward No. 3 and Deane No. 2 smoke control areas.

Every effort is made to ensure that householders receive every assistance when smoke control orders are promoted. A wide supply of literature is provided and arrangements are made for the mobile exhibition of the Solid Smokeless Fuels Federation to visit proposed or confirmed areas; the exhibition paid three such visits to Bolton in January, May and October, 1967; unfortunately the vehicle was so badly damaged by vandalism on the second occasion that the visit had to be seriously curtailed. All householders and other occupiers are circularized immediately following the confirmation of any Smoke Control Order, and again a short time before the Order becomes operative.

Observations to ensure that Smoke Control Orders are being observed are made as frequently as the staffing position permits. Offenders are warned verbally, and in writing, and warning letters sent by the Town Clerk and authorised by the Health Committee were sent in 28 cases during 1967.

The following table gives details of action taken during 1967 in the implementation of confirmed Smoke Control Orders:

SMOKE CONTROL PROGRAMME (1.1.67 to 31.12.67)

Applications:

No. of houses in respect of which applications for approval of proposed works were submitted	1,245
Estimated expenditure liable for grant	£62,470 2s. 6d.
Estimated amount of grant payable by Corporation (seven-tenths)	£43,729 1s. 9d.

Claims:

No. of houses in respect of which claims for payments of grants were received	1,010
Total amount paid by way of grant	£29,280 8s. 3d.
No. of 100% grants paid	78
Amount paid in 100% grants.. .. .	£2,528 12s. 2d.
Additional cost of 100% grants	£758 11s. 7d.

INSPECTION AND SUPERVISION OF FOOD

Milk:

MILK AND DAIRIES (GENERAL) REGULATIONS, 1959:

No. of Dairies	8
No. of Milk Distributors (including retail shops and dairy roundsmen)	547
No. of Dairy Vehicles	135

MILK (SPECIAL DESIGNATION) REGULATIONS, 1963 AND MILK (SPECIAL DESIGNATION) (AMENDMENT) REGULATIONS, 1965:

During the year 1967, the following licences were granted:	
Dealers' (Pre-packed Milk) Licences valid to 31.12.70	44

DAIRIES AND DAIRY VEHICLES:

	DAIRIES	DAIRY VEHICLES
No. of inspections	125	77
No. of notices served	10	16

Most of the dairy vehicles were of a good standard, but opportunity was taken wherever possible to remind roundsmen of their obligation to display their names and addresses on their vehicles.

SAMPLING OF MILK FOR BACTERIOLOGICAL EXAMINATION:

Samples of milk were taken regularly from dairies, processing plants, milk shops, schools and vending machines, and during the course of delivery to consumers. Details of the examinations carried out are given on page 121. All samples were reported satisfactory.

BIOLOGICAL SAMPLING OF MILK:

The voluntary joint scheme between the National Farmers' Union and the Health Department for the control of brucellosis which commenced in October, 1966 was continued during 1967.

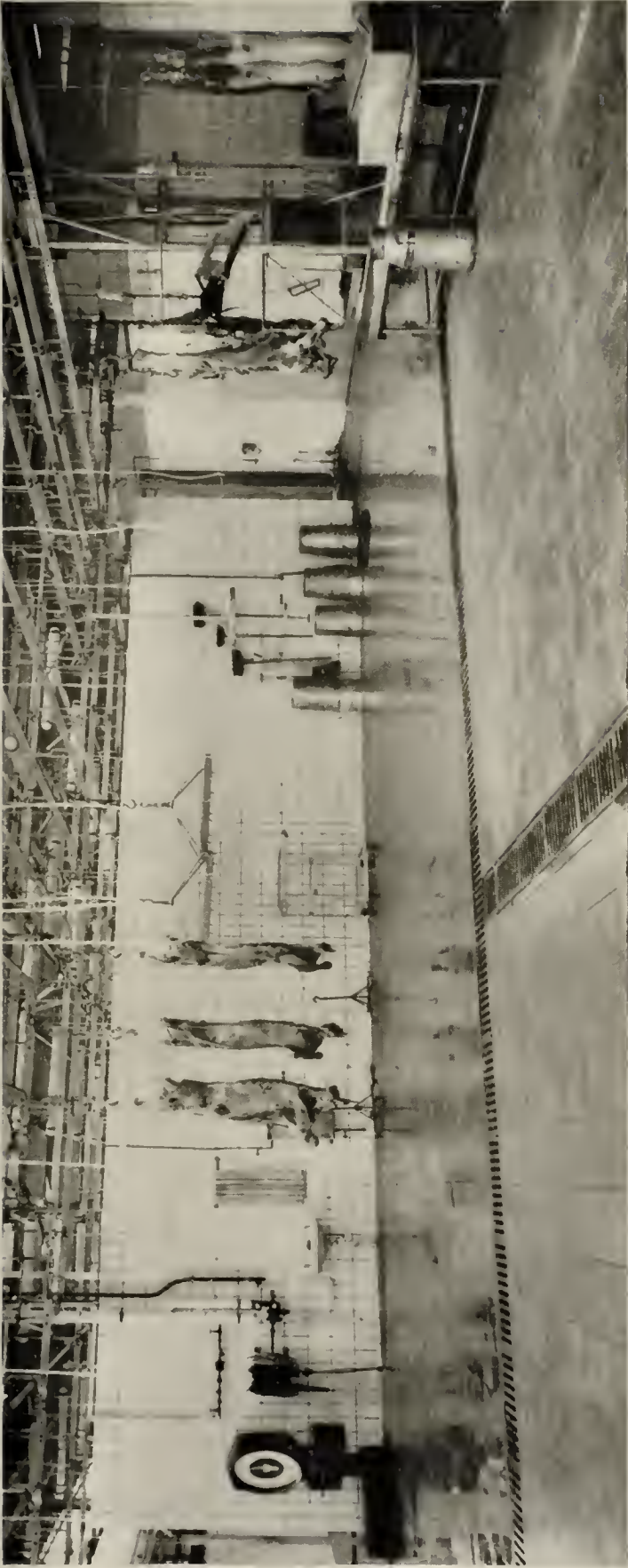
Five-hundred and seventeen samples of untreated milk from 799 cows at 22 farms were examined for *Brucella abortus*. Ten cows from four different farms (six of these from one farm) were found to be positive for *Brucella abortus* organisms and were voluntarily slaughtered.

Only one case of undulant fever was notified this year, but it was not possible to pin-point the source of infection, as the farm supplying the milk was found to be clear of brucella infection.

Sampling activities had to be curtailed during the latter part of the year due to the outbreak of Foot and Mouth disease.

SAMPLING OF MILK FOR CHEMICAL ANALYSIS:

Five-hundred and forty-five samples were taken, fourteen of which were reported as unsatisfactory. This is a substantial reduction compared with the 42 unsatisfactory samples in the previous year.



NEW ABATTOIR, LEVER STREET, BOLTON
(Photograph by courtesy of Bolton Abattoir Limited)

Legal action was taken in respect of two samples which contained penicillin and warning letters were sent in respect of two further samples in which traces of penicillin were found. The remaining "unsatisfactory" samples were genuine but of sub-standard quality. The Divisional Milk Officer of the Ministry of Agriculture, Fisheries and Food was notified regarding these samples.

Bacteriological Examination of Ice Cream:

Fifty-five samples were taken of wrapped, "loose" and soft ice-cream from shops, vans and at the source of production. Twenty-nine samples were reported as unsatisfactory according to the provisional grading of the Public Health Laboratory service; in addition four of these were also reported to contain intestinal organisms.

The large proportion of unsatisfactory samples is due to concentrating thirty-four samples on two local factories which were giving consistently unsatisfactory results, and the source of contamination at both factories was pin-pointed through this sampling procedure.

A New Abattoir:

A new abattoir was constructed in Lever Street, Bolton and commenced operations on the 12th August, 1966. It is owned and operated by a private Company, Bolton Abattoir Limited, and it is considered to be one of the most efficient establishments of this kind in the North of England. The photograph facing page 117 shows a section of the abattoir.

Inspection of Meat and Other Foods:

The inspection of a wide variety of foodstuffs has been carried out at slaughterhouses, markets, and food shops. This necessitated employing the meat inspectors outside normal office hours so that a full service could be maintained.

Meat Inspection:

The following table shows the number of animals slaughtered:

	Cattle ex- cluding Cows	Cows and Bulls	Calves	Sheep and Lambs	Pigs
Number of animals killed and inspected	5,077	15,231	789	23,482	24,479
ALL DISEASES EXCEPT TUBERCULOSIS AND CYSTICERCOSIS:					
Whole carcasses condemned	3	114	9	16	52
Carcasses of which some part or organ was condemned	1,127	19,611	—	3,989	5,519
TUBERCULOSIS ONLY:					
Whole carcasses condemned	—	—	—	—	—
Carcasses of which some part or organ was condemned	—	—	—	—	—
CYSTICERCOSIS:					
Carcasses of which some part or organ was condemned	39	18	—	—	—
Carcasses submitted to treatment by refrigeration	39	18	—	—	—
Generalised and totally condemned	—	—	—	—	—

The total weight of meat condemned was as follows:

	Tons	Cwts.	qrs.	lbs.
Carcases (Meat)	32	17	3	9
Offal	99	9	1	20
	132	7	1	1

The following table shows the quantities of carcasses (meat, offal, and bacon) coming into Bolton from Ireland, and delivered to certain local wholesale butchers; regular visits for inspection of imported meat and offal are made to these premises:

Quarters of Beef	Lambs	Cartons of Offal	Bales of Bacon
4,800	2,398	73	45

Meat Inspection Regulations, 1963; Meat Inspection (Amendment) Regulations, 1966:

All carcasses of animals slaughtered within the Borough were inspected in accordance with the Regulations and stamped with the inspector's mark. Hours of slaughtering were restricted under the 1966 Amendment Regulations and the times laid down have proved satisfactory in operation.

Analysis of Parts of Carcasses of Animals Condemned:

The following table gives the various diseases and conditions found as percentages of the total number of animals affected. It was found that some animals were affected by two or more diseases or conditions:

NATURE OF DISEASE OR CONDITION	PERCENTAGE
Telangiectasis	78.8
Tuberculosis	Nil
Cysticercus Bovis9
Distomatosis	63.5
Septicaemia and Pyaemia	4.8
Mastitis	36.5
Actinomycosis2
Pneumonia, Pleurisy, Peritonitis	27.6
Others	15.5

There is a high incidence of telangiectasis due to the high proportion of aged cattle killed for manufacturing meat.

There was a marked rise in the number of cases of *Cysticercus bovis* compared with previous years:

1963	1964	1965	1966	1967
35	37	27	34	57

The percentage incidence was 0.9% compared with 0.4% in 1966.

Foodstuffs Condemned
(excluding fresh meat)

	Tons	Cwts.	Qrs.	lbs.
Meat (tinned)	1	9	2	7
Tongue (tinned)	—	4	1	15
Ham (tinned)	1	13	0	9
Poultry	4	17	3	13
Fish (Fresh)	—	1	2	24
Fish (tinned)	—	4	3	25
Vegetables (fresh)	103	9	1	18
Vegetables (tinned)	—	14	0	1
Fruit (fresh)	—	7	4	24
Fruit (tinned)	—	8	0	0
Milk (tinned)	—	—	3	16
Provisions (Miscellaneous)	1	16	2	20
TOTAL	115	2	3	25

Disposal of Condemned Meat:

Facilities were given for the collection of certain offals and glands for pharmaceutical purposes; all other condemned meat was collected according to regulations and converted into fertilisers or animal feeding stuffs where appropriate. At the new Bolton Abattoir in Lever Street all condemned meat is retained in a locked room under the direct supervision of the food inspectors for daily collection by a processing firm.

Disposal of Condemned Foodstuffs Other than Fresh Meat:

Towards the end of November, 1967, the Back o'th' Bank Destructor Works was closed down and since that date contaminated foodstuffs, other than fresh meat, have been disposed of by burying at the Corporation's Maze Street tip.

Slaughterhouses:

Two slaughterhouses now operate within the Borough, i.e., the new privately owned abattoir at Lever Street opened in August, 1966, and a small privately owned slaughterhouse used only for slaughtering pigs. The Lever Street abattoir has been brought up to the standard required for the purpose of slaughtering animals for exporting meat to certain European countries; all employees were medically examined, and export licence was granted by the Ministry of Agriculture, Fisheries and Food in September, 1967, following inspection of the premises for the Ministry's Veterinary Officers. Improvements were also carried out at the smaller pig slaughterhouse.

Slaughter of Animals Act, 1933-1958:

During the year 45 licences were issued to slaughtermen. No contraventions of the Acts or Regulations were reported.

Poultry Inspection:

For most of the year there were three poultry slaughterhouses in the Borough, but one closed at the end of August following acquisition for road widening purposes.

All premises were regularly visited by the Food Inspectors, a total of 99 visits being paid. The total number and types of birds processed during the year were as follows :

Hens	122,102
Broilers	660,131
Capons	1,300

The percentage of birds rejected as unfit for human consumption was 1.9%, and the total weight of poultry condemned as unfit for human consumption was 4-tons 14-cwts 1-qr. 4-lbs. The number of birds dead on arrival at the slaughterhouse was 5,190.

Two inspectors attended a course of lectures on Poultry Inspection and Hygiene at Salford Technical College in September, 1967, and it is hoped to arrange for other inspectors to attend similar courses in future. All the public health inspectors and food inspectors have been authorised to act under the Slaughter of Poultry Act, 1967, the operative date of which has yet to be fixed by the Minister of Agriculture, Fisheries and Food.

Diseases of Animals Acts:

ANTHRAX ORDER, 1938:

Five cases (2 cows, 2 sheep, 1 pig) of suspected anthrax were notified, but in each case a negative report was given following veterinary investigation.

FOWL PEST:

No outbreaks were reported during the year.

SWINE FEVER:

No outbreaks were reported during the year.

TUBERCULOSIS:

No cases were detected during the year.

FOOT AND MOUTH DISEASE:

On the 31st October, 1967 the County Borough of Bolton was included in a Controlled Area, and on the 16th November, 1967 in an Infected Area. This was in connection with the extensive outbreak of Foot and Mouth disease then in progress in many parts of the country. All necessary precautions were taken at the local slaughterhouses, and all roads into the Borough were suitably signposted to say that Bolton was in an Infected Area.

The number of Movement Licences issued by the food inspectors were as follows:

Cattle	512
Sheep	100
Pigs	456
Calves	39

The issuing of Movement Licences necessitated a food inspector being available at all times if necessary, including Saturdays, Sundays and holiday periods.

At present the Diseases of Animals (Waste Foods) Order, 1957 would appear to apply only where minimum numbers of both pigs and poultry are being kept, although the wording of the Order is ambiguous. It is felt that the Order should be amended to remove this ambiguity, and to make it clear that if more than a specified number of either pigs or poultry are being kept, then the requirements regarding the boiling of all swill served as animal foodstuffs would be required.

Food and Drugs Sampling for Chemical Examination:

The following samples of food and drugs were obtained by the public health inspectors for chemical analysis:

					GENUINE	UNSATISFACTORY	TOTAL
Food Samples:							
Formal	46	3	49
Informal	318	24	342
Drug Samples:							
Formal	14	5	19
Informal	76	7	83
Milk Samples:							
Formal	40	6	46
Informal	491	8	499
TOTALS					985	53	1038

Legal proceedings were taken in the following cases :

Milk - contained 0.05 and 0.07 International Units per millilitre penicillin. The two samples were from a consignment of milk sent to a local dairy for pasteurisation. The farmer concerned was fined £10 on each charge, plus 5 gns costs.

Energy bars - these were deficient in protein. They contained at least 30% less protein than claimed on the label. The manufacturers were fined £30 plus 5 gns costs, plus 10/- witnesses expenses.

In all other cases of unsatisfactory samples, action was taken by way of warnings to the vendors or manufacturers of the products concerned or by the voluntary surrender and destruction of the goods.

Food Hygiene:

Details of the visits made, etc., in connection with the enforcement of the Food Hygiene (General) Regulations, 1960, are given in Table 3 on page 133. As a result of this work the following improvements were effected in the town's food premises.

Structural Improvements:							
Floors	122
Walls and ceilings	193
Doors, windows	60
Decorations	81
Lighting	21
Ventilation	8
Drainage	13

Fittings, equipment, etc.:	
Sinks, etc.	18
Wash hand basins, etc.	17
Water supplies - cold	5
Water supplies - hot	12
Shop Fittings, equipment, etc.	132
Miscellaneous improvements	122

As in previous years, special inspections were made of all the school meals kitchens and hospital kitchens and detailed reports and recommendations were sent to the Chief Education Officer and the Bolton and District Hospital Management Committee, respectively.

Where necessary, night visits or weekend visits have been paid to premises, notably in connection with licensed premises.

The work of food hygiene continued to be seriously affected by the shortage of public health inspectors, and inspections in some cases are two or three years in arrears. Details of legal proceedings are given on page 124.

Bacteriological Examination of Foodstuffs:

Nine samples of foods were submitted to the Department of Pathology at the Bolton Royal Infirmary for bacteriological examination. Two samples, a can of soup and a meat pie, were alleged to have caused food poisoning, but this was not confirmed by bacteriological examination. Two samples of prawns and five of watercress were submitted as a routine check, and all were found to be satisfactory. A can of pasteurised frozen whole-eggs was also found to be satisfactory.

Bacteriological Examination of Beer Glasses:

Since March, 1963, it has been possible to grow cultures of any contaminating bacteria on the outside of beer glasses. The culture shows as a red colony on the surface of the glass. Swabs are also taken by a public health inspector for normal bacteriological examination by the Department of Pathology at Bolton Royal Infirmary. Work on this subject was discontinued during 1966, resumed during the first two months of 1967, and again discontinued owing to the acute shortage of qualified public health inspectors.

The following table summarises the results obtained so far:

	1964	1966	1967
No. of beer glasses sampled	56	6	22
No. satisfactory on first visit	6	3	13
No. not satisfactory on first visit	6	3	9
No. satisfactory on subsequent visits	34	—	—
No. not satisfactory on subsequent visits	10	—	—
No. outstanding	5	3	9
No. of visits made	112	12	44
CONTAMINATION DUE TO:			
Staph. aureus (coag. positive)	5	1	5
Strep. viridans	1	1	—
Diphtheroid bacilli	—	—	—
Ps. pyocyaneus	—	—	—
B. Friedlander	—	—	—
N. catarrhalis	—	—	—
All organisms of faecal origin	10	1	6

The unsatisfactory results are usually due to the incorrect amount of detergent steriliser being added to the washing-up water. In one case, it was necessary to change the type of sterilant in use. Faulty dispensers of the displacement type have also lead to unsatisfactory results.

In all cases the fullest co-operation has been received from the licensed trade and breweries.

Some breweries have themselves carried out investigations using the Bolton technique.

Food Complaints:

The majority of ninety-nine complaints made to the department were found on investigation to be justified. An amazingly wide variety of foreign objects had managed to find their way into the foods complained of. The foreign objects ranged from a 3-in. long mercury thermometer found intact in a can of imported gooseberries; a clump of multi-coloured synthetic fibre in a Shepherd's Pie, and a piece of glass in a teacake, to metal objects such as a $\frac{1}{4}$ " in. long screw in a packet of oats; a brass ring in sausages; a metal button and still fibres in milk bottles; many of the metallic objects were present in the food despite the use of metal detecting devices used by many of the larger national firms.

Insects still form the main group of foreign objects regularly found in foodstuffs, ranging from small spider beetles to flies, wasps, etc. Oily dough is the commonest complaint in connection with bread due to small pieces of dough becoming trapped in machinery and dropping unnoticed into the bread before it is baked.

All complaints were thoroughly investigated, and in some cases stocks of food were withdrawn from sale; legal proceedings were taken in two cases.

In many cases the complainants claim that they have had previous experience of unsatisfactory foodstuffs, and that they now refer the complaint to the Health Department because they feel that manufacturers will take more notice of local authorities and their officials, although they do not themselves in most cases wish to be involved in giving evidence in prosecutions.

Type of Food	Nature of Complaint				Total	Legal Action
	Mouldy	Foreign Matter	Unsatisfactory Appearance Taste or Smell	Suspected of Causing Food Poisoning		
Bread	4	14	1	—	19	—
Cooked meats, pies and other prepared meat products.	2	8	4	1	15	—
Canned meats & fish	4	3	3	—	10	1
Other canned foods	1	6	4	1	12	—
Confectionery	4	7	2	—	13	—
Milk & milk products	2	8	1	—	11	1
Other foods	1	11	6	1	19	—
	18	57	21	3	99	2

Infestation in Food:

Sixty-seven samples of cereals, dried fruits and other similar foods were submitted for examination of mites, insects and rodent excreta; all samples were free from infestation.

There has been a steady reduction over the past few years in the incidence of infested and contaminated samples due to the special attention which this problem has been given.

Liquid Egg (Pasteurisation) Regulations, 1963:

There are no egg pasteurisation plants in the Borough, nor have any samples of liquid egg been submitted for the alpha-amylase test.

Legal Proceedings - Food Hygiene:

The four proprietors of a local bakery were each fined a total of £25 in respect of a number of offences relating to dirty premises and equipment.

Legal Proceedings - Food Complaints:

Court proceedings were instituted in two cases; the first relating to a canned meat pudding was dismissed due to inconclusive evidence; the second a sterilized bottle, containing a sand and cement mixture was dismissed on a legal technicality.

Miscellaneous Samples:

Twenty-one samples of various foods, vegetables and fruits were obtained for the National Pesticide Survey. Seven samples showed minute traces of pesticide, but were not above the unsatisfactory level.

Following the introduction of the breathalyser tests, three samples of breathalyser sprays were obtained.

GENERAL SANITATION

Conversion of Waste Water Closets:

During the year, a sum of £1,500 was allocated in the estimates for the conversion of waste water closets to fresh water closets. The amount of the grant at present is a maximum sum of £15, the grant having been raised to this figure during 1963; 73 grants were paid. The average cost of conversions at the present time is approximately £44.

Public Water Supplies:

All employees of the Waterworks Undertaking who are directly concerned with the water supply are required to submit one specimen of faeces annually for bacteriological examination; new employees are required to submit faeces specimens on three successive days, and a specimen of blood is also taken for a Widal test.

Mr. H. R. Davenport, Waterworks Engineer and Manager, has supplied the following information regarding the water supply to the Borough, although the Undertaking's area of direct supply includes adjoining authorities:

“The water supplies to the County Borough of Bolton by this Undertaking were satisfactory both as regards quality and quantity.

Normally, samples of both raw and filtered water are regularly subjected to full bacteriological examination and chemical analysis. Special examinations and analyses are made as circumstances require.

During 1967, 690 samples of raw water were subjected to bacteriological examination and part chemical analyses and 6 to full chemical analyses. In addition, 1,482 samples of filtered and treated water received bacteriological examination and partial chemical analyses, and 9 full chemical analyses. Results showed that the filtered and treated water was of satisfactory quality, B.Coli being absent in 98·31% of the potable water samples tested. All water is treated before passing into supply.

No special action was required to be taken in respect of any form of contamination. From tests made the water was shown to have no significant plumbo-solvent action.

The public water mains afforded a direct supply to a population of approximately 156,400 people living in 56,479 dwelling houses, maisonettes or flats within the Borough. No supply was afforded to dwelling houses by standpipe.

The following extensions and renewals of water mains were carried out during 1967.

SIZE	EXISTING PROPERTY	NEW PROPERTY	OTHER DEVELOPMENT	RENEWED
2" dia.	181 yds.	2,476 yds.	18 yds.	—
3" „	70 yds.	1,369 yds.	12 yds.	154 yds.
4" „	192 yds.	1,051 yds.	—	—
6" „	600 yds.	551 yds.	—	—
8" „	5 yds.	—	—	—
10" „	477 yds.	—	—	—
15" „	10 yds.	—	—	—
21" „	510 yds.	—	—	—

Sewage Disposal

The following information has been supplied by Mr. I. Withnell, General Manager of the Bolton and District Joint Sewerage Board:

“The sewage treatment authority for the area is the Bolton and District Joint Sewerage Board on which Bolton, represented by six members, is one of the eight Constituent Authorities. Sewage, including a considerable proportion of effluent from manufacturing processes, drains via a trunk sewerage system the valley of the rivers Croal and Irwell to the regional treatment works at Ringley Fold. The plant there, commissioned as a completely new installation in 1964, receives contribution from Bolton, Kearsley, Little Lever, Turton, part of Worsley, Farnworth and part of Whitefield, new connections for the two last named areas having been brought into use in 1967. Work is proceeding on a connection from Radcliffe.

A total flow of 6,751 million gallons averaging 18·5 million gallons per day received full treatment at the works by the activated sludge process utilising surface aeration to produce a well stabilised effluent well within the specification of the Mersey and Weaver River Authority. During the year all sludge produced has been treated by digestion rendering it innocuous and at the same time producing gas utilised to provide power for works operation. Only one new industrial connection to the sewers in Bolton was approved during the year and one discharge ceased.”

Factories Act, 1961:

There are 959 factories within the Borough which were the subject of 79 inspections, resulting in 10 cases in the service of written notices on the occupiers. Full details of the work carried out under the Factories Act, 1961, are contained in Tables 7 to 10 on pages 136 and 138.

Offices, Shops and Railway Premises Act, 1963:

Up to the end of 1967, 1,717 premises have been registered with the Local Authority in accordance with the Act; in 55 cases applications forwarded to the Local Authority in error were re-directed to the Factory Inspectorate.

Details of registrations, inspections, action taken, accidents, etc., are given in Table 11. Fifty accidents were reported during the year as follows:

Offices	14
Retail shops	16
Wholesale shops and warehouses	14
Catering establishments, canteens, etc.	5
Fuel storage depots	1
		—
		50
		—

Most of the accidents investigated were dealt with informally, but in one case a formal warning of legal proceedings was issued.

The most serious accident concerned a 15 years old youth who, after leaving school, commenced work in a local Supermarket, and within less than a fortnight of starting work severed the tip of one of his fingers whilst using a power operated band saw to cut meat without using the guards provided with the machine. When the accident was investigated only a few days later, another operative was seen to use the same machine without all the guards provided being in use. Legal proceedings under section 17 were instituted in both cases; the defendant company pleaded guilty to both charges and was fined £15 on each charge, plus 5 gns advocate's fee.

The continued shortage of district inspectors during 1967 has again meant that comparatively little progress in enforcing the Act has been made in the out-districts, although a substantial amount of enforcement work has been carried out within the town centre.

Houses in Multiple Occupation:

During the year 25 visits and inspections were made of houses in multiple occupation and 3 informal notices were served.

The serious shortage of inspectors continued to prevent any headway being made on the problem of multiple occupation. There are thought to be between 200 and 300 premises requiring action under the legislation relating to houses in multiple occupation.

Common Lodging Houses:

The Salvation Army Lodging house on St. George's Road continued in use during the year. Little in the way of improvement or repair work has been carried out within the last two years, and discussions and correspondence between the Salvation Army and the Corporation took place during the year to determine the future of the hostel. At the end of 1967 the matter had not been resolved and the premises were consequently re-registered only to the end of June, 1968.

Offensive Trades:

There were three offensive trades within the Borough, i.e.:

- 1 fellmonger
- 1 gut scraper
- 1 fellmonger and gut scraper.

There are no local byelaws affecting these trades, but the comparatively small number of premises involved, and the satisfactory standards of cleanliness and maintenance, do not justify the making of special byelaws.

Hairdressing Establishments:

There were 394 hairdressing premises registered in accordance with the Bolton Corporation Act, 1949, section 48. Sixty-five inspections were made.

Pharmacy and Poisons Act, 1933, the Poison Rules, 1964/65:

The names of 157 persons are included in the Local Authority's list of persons entitled to sell poisons under Part II of the Poisons List. The attention of shopkeepers was drawn, verbally or in writing, to any infringements of the Act or Rules.

Pet Animals Act, 1951:

Twelve premises were licensed and 21 inspections made. In general, establishments have been satisfactorily conducted, but where necessary, verbal or written notices were issued.

Animal Boarding Establishments Act, 1963:

Two premises were licensed under the Act. Suitable conditions were attached to the licences based upon the general recommendations of the R.S.P.C.A., and the specific recommendations of the Chief Fire Officer in respect of each establishment.

Riding Establishments Act, 1964:

One riding establishment was licensed during 1967.

Rag Flock and Other Filling Materials Act, 1951:

This legislation prescribes standards of cleanliness for filling materials used in upholstered articles, stuffed toys, etc., and the Local Authority are required to register or licence premises where the relevant operations are carried out. There are 22 premises in the Borough registered under the Act.

Noise Abatement Act, 1960:

During the year a further 37 complaints were received and are classified as follows:

COMPLAINTS OF NOISE FROM NON-DOMESTIC PREMISES:		
Machinery	9	
Fans	5	
Scrap Yard	1	
Dance Bands, etc.	2	
Radio, etc., repairing	1	
Vehicles	3	
Miscellaneous	1	
	—	22

COMPLAINTS OF NOISE FROM DOMESTIC PREMISES:		
Radios, etc.	5	
Animals	3	
Miscellaneous	7	
	—	15

Complaints have continued to be received regarding alleged noise nuisance from vehicles; this type of complaint is referred to the police for action.

Of the 37 complaints received 26 have been dealt with satisfactorily. In 2 cases a noise nuisance has not been established, and these premises are still under observation. Six firms have made alterations to either plant or sound-proofing, and these also are under observation. The remaining 4 cases are still being investigated.

One of the complaints about noise nuisance from dance bands, etc., referred to a club situated immediately above the bedrooms of a public house, the whole building being owned by the Brewery Company. The noise level in the bedrooms was such that it was impossible for the occupants to occupy the bedrooms until the Club closed at approximately 2 a.m. every morning. Summonses were issued against the owners of the Club but were withdrawn on the completion of certain works specified by the Health Department.

The complaint of noise from the scrap yard relates chiefly to the sporadic tipping of steel joists, and to the detrimental affect of a scrap yard on the amenities of the area. The scrap yard has been established for over 30 years but has recently brought into use a side entrance not previously used.

The owner is at present negotiating for the use of land adjoining, where nuisance from noise or vehicles would be less likely

Fertilisers and Feeding Stuffs Acts, 1926:

Thirty-three samples of fertilisers and feeding stuffs were obtained. One sample of fertiliser and eleven of feeding stuffs were reported unsatisfactory. Eight of these samples contained ingredients which were in excess of the statutory requirements. The manufacturers were advised about these. One sample of feeding stuff which was deficient in oil was referred to the Town Clerk for legal proceedings, but legal action was not taken as the firm concerned was wound up (in liquidation).

Merchandise Marks Act, 1926:

Observations were made during routine inspections of shops and food premises, for any contraventions of the various Orders made under the above Act.

Six samples of hair dyes and four samples of "Seaweed Plant Food" were purchased for analysis in connection with the Merchandise Marks Act, 1926. "Seaweed Plant Food" is commonly sold as a fertiliser, but according to the Borough Analyst this is misleading as the product is not a fertiliser, and does not come within the scope of the Fertilisers and Feeding Stuffs Act, 1926. This matter was taken up with the Board of Trade, but as the manufacturers did not claim their product to be a fertiliser no further action could be taken.

DISINFECTION AND DISINFESTATION

Disinfection:

Routine terminal disinfection of premises after cases of illness is carried out in special cases only. No charge is made where such work is carried out in the interests of public health. Details are given in Table 12 on page 139.

A special stock of equipment, together with a supply of formaldehyde, and a mixture of carbolic soap, water and white cyllin, is retained at School Hill in readiness for immediate use in the event of smallpox occurring. Facilities exist for the disinfection of vehicles and special containers are available for enclosing infected mattresses and bed linen.

Disinfestation:

An increasing number of occupiers of food or other business premises subject to special infestation risks continue to enter into annual agreements with the Corporation for regular treatment of their premises, with a view to preventing insect infestation; in many cases the agreements also provide for preventive measures against rodent infestation. There are now 156 agreements in force, and the annual income from pest destruction is now almost £5,700. Table 13 on page 140 summarises the work carried out.

Regular destruction treatments to control the rat population in the sewers are carried out by the Borough Engineer's Department in collaboration with the Health Department. Warfarin is the poison in general use, but zinc phosphide and arsenious oxide are used on occasions, paranitrophenol being incorporated to inhibit mould growth. In selected areas, fluoroacetamide is used under strict supervision.

The schools and school meals kitchens in the Borough are surveyed at least once every two months to detect any rodent or insect infestation. Any necessary treatment is carried out immediately.

Control of the rodent population on the Corporation's controlled tipping sites is maintained by regular surveys and treatments. River banks are also subject to regular surveys and any infestation dealt with.

The use of Warfarin for mice infestations has been discontinued. Treatment is now based on the use of alphachloralose with the result that those infestations which were not responding to Warfarin have now been cleared.

Mortuary:

The mortuary forms part of the premises at School Hill used as a Disinfection and Disinfestation Depot. An attendant is employed in combined mortuary duties and disinfestation.

Nine bodies were received at the mortuary during the year. Post mortem examinations were carried out on 2, all of them being coroners' cases. Refrigeration facilities are provided for the storage of bodies.

Municipal Medical Baths:

The medical baths are situated in an annexe to the School Hill Depot. The cleansing of verminous persons is carried out by a part-time female worker and the foreman of the Depot.

A summary of the cases dealt with is given below :

	School children		Children under five		Adults	
	Males	Females	Males	Females	Males	Females
Head infestations	23	57	3	3	—	8
Scabies	49	105	16	15	103	25
Body Lice	—	—	—	—	75	—
TOTALS ..	72	162	19	18	178	33

TABLE 1

Complaints:

The following complaints were received and investigated :

Housing defects	488
Choked and defective drains	200
Accumulation of offensive matter	156
Unsatisfactory foodstuffs	98
Verminous premises:	
(a) Bed bugs.. .. .	35
(b) Rat and mouse infestations	2,919
(c) Cockroaches and other insect pests ..	675
Keeping of animals and poultry	20
Smoke	50
Noise	48
Offensive odours	66
Miscellaneous	265
	<hr/> 5,020 <hr/>

TABLE 2

Standing Commitments:

Premises Subject to Routine Inspection

TYPE OF ESTABLISHMENT	NO. OF PREMISES
Common lodging house	1
Houses in multiple occupation	264
Moveable dwellings	43
Food Premises:	
Bakehouses	150
Basement bakehouses	4
Fish friers	128
Registered premises, Sec. 16 Food and Drugs Act, 1955	517
Industrial canteens	85
Other catering establishments	152
Miscellaneous food preparing premises	77
Ice cream premises - manufacture	6
Ice cream premises - sale only	510
Meat shops	158
Slaughterhouses	2
Dairies	8
Milk distributors	547
Food shops	984
Licensed premises (On)	261
Licensed premises (Off)	180
Food stalls	105
Vehicles - Meat	15
Vehicles - Milk	135
Factories (Mechanical)	810
Factories (Non-mechanical)	113
Workplaces	216
Offices	398
Retail shops	862
Wholesale shops, Warehouses	74
Catering establishments open to the public, canteens	523

NOTE: So far as is known, all the above premises comply with Regs. 16 and 19 of the Food Hygiene (General) Regulations, 1960.

TYPE OF ESTABLISHMENT	NO. OF PREMISES
Fuel storage depots	1
Outworkers' premises	102
Factory chimneys	201
Hairdressers' premises	394
Places of entertainment	73
Clubs	33
Offensive trades	3
Registered premises, Rag Flock and Other Filling Materials Regulations, 1951 and 1954	22
Pet Shops (Pet Animals Act, 1951)	12
Animal boarding establishments	2
Riding establishments	1

TABLE 3

Detection of Sanitary Defects

Summary of Visits and Inspections

NATURE OF VISIT	No. OF VISITS
Dwelling-houses for housing defects under Public Health Act:	
After complaint	864
Subsequent visits	2,102
Dwelling-houses under Housing Acts:	
Detailed inspections	2,022
Re-inspections, re-visits	2,684
Certificates of disrepair	7
Infected dwelling-houses:	
After notified infectious disease (other than tuberculosis) ..	415
Contacts	121
Schools and church halls	39
Swimming baths	2
Water sampling:	
Swimming baths	1
Dwelling houses	6
Business premises	74
Cinemas, dance halls, billiard halls	12
Offensive trade premises	99
Stables, piggeries, keeping of animals	73
Houses in multiple occupation	25
Factories Acts, 1961:	
Factories with mechanical power	63
Factories without mechanical power	9
Outworkers' premises	—
Common lodging houses	7
Underground rooms	—
Hairdressing premises	65
Tents, vans, sheds	14
Smoke abatement:	
Boiler house surveys	12
re Prior Approval applications	1
re Smokeless Zone and Smoke Control Areas	4,189
Delivery of pamphlets	2,434
Smoke observations	45
Smoke investigations	50
Re-visits	197
Combustion readings	—
Volumetric stations	459
Noise abatement	125
Fairgrounds	34
Drainage:	
Conversions from waste water to water carriage system ..	195
Miscellaneous tests and inspections	365

Public sewers	24
Watercourses and ditches	24
Land and tips	337
Septic tanks and cesspools	6
Sanitary conveniences - including public houses	83
Miscellaneous visits	3,459
Visits not inspections	2,534

Verminous premises:

Rats and mice: After complaint or from survey	4,074
Subsequent and survey visits	15,086
Bug infestations: No. of premises visited	40
No. of premises where definite infestation existed	35
Cockroaches	504
Other vermin	695

Inspections for supervision of food:

Unfit foodstuffs other than meat	551
Slaughterhouses and cold stores	1,856
Butchers' Shops (Food Hygiene (General) Regulations, 1960)	346

Food Hygiene (General) Regulations, 1960:

Bakehouses	117
Fish shops, grocers and greengrocers	1,068
Factory canteens	53
Restaurant kitchens, fish friers, etc.	220
Chemists	20

Hotel and beerhouse bars and cellars:

Day inspections	334
Night inspections	3

Food and Drugs Act, 1955 - Section 16:

Ice cream premises (Heat Treatment Regs. 1959-1963)..	93
Sausage manufacturers	25
Preserved meat preparation premises	263
Preserved fish preparation premises	2

Milk and Dairies Regulation, 1959: Food and Drugs Act, 1955 - Section 91:

Milk sampling for bacteriological examination	48
Contravention of Milk and Dairies Regulations	3
Dairies	125
National Assistance Act, 1948 - Section 47	1
Diseases of Animals Acts and Orders	49
Farms (Brucellosis, sampling, etc.)	99

Offices, Shops and Railway Premises Act, 1963:

General inspections	281
Other visits	542

TABLE 4**Notices served:**

Action to secure abatement of nuisances and to enforce the appropriate statutory enactments was taken as follows:

Nature of Notice	Public Health Act 1936	Food Hygiene (General) Regulations 1960	Factories Act 1961	Offices, Shops and Railway Premises Act 1963	Byelaws: Hairdressers and Miscellaneous Premises
No. of informal notices served	294	251	17	74	3
No. of informal notices complied with without recourse to statutory action	121	100	11	33	1
No. of statutory notices served	154	—	—	—	—
No. of premises concerned . .	86	—	—	—	—
No. of statutory notices complied with	137	—	—	—	—
No. of premises concerned . .	69	—	—	—	—
No. of cautionary letters sent by Town Clerk	29	—	—	—	—

Outstanding notices from previous year are included.

TABLE 5**Housing Defects and Legal Proceedings**

A summary of general housing defects or disrepair of property where it was necessary to take legal proceedings, and the results of such proceedings is given below:

CASE No.	STATUTE	DETAILS OF CONTRAVENTION	RESULT
1	Public Health Act, 1936 - Section 95.	Continued failure to comply with Nuisance Order.	Fined £9 10s. 0d., i.e., 5/-d. × 38 days.
2	Public Health Act, 1936 - Sections 39, 93.	Failure to comply with Statutory and Abatement Notice withdrawn. House became owner-occupied.	14 days Nuisance Order (8s. 6d. costs).
3	Public Health Act, 1936 - Section 93.	Failure to comply with Abatement Notice in respect of extensive defects.	7 day Nuisance Order (8s. 6d. costs).
4	Public Health Act, 1936 - Sections 39, 93.	Failure to comply with Abatement and Statutory Notices. Summons regarding eavesgutter repairs was withdrawn, necessary work having been carried out.	28 day Nuisance Order (8s. 6d. costs).
5	Public Health Act, 1936 - Section 93.	Failure to comply with Abatement Notice withdrawn - complied with.	56 day Nuisance Order.
6	Public Health Act, 1936 - Section 45.	Failure to carry out repairs to sanitary accommodation.	Fined £3.
7	Public Health Act, 1936 - Section 93.	Failure to comply with Abatement Notice withdrawn - complied with.	28 day Nuisance Order.

Nine cases in which summonses had been served were withdrawn, the necessary works having been carried out; a further two cases were referred to the Town Clerk with a view to legal proceedings, but where the service of summonses was not required, the necessary works having been carried out.

TABLE 6

Sanitary Improvements Effected:

Action was taken under either the Public Health Act or the Housing Acts.

NATURE OF IMPROVEMENT	No. OF IMPROVEMENTS
Floors repaired	25
Internal walls repaired	138
Ceilings repaired	29
Doors and windows repaired	133
Stairs repaired	3
Roofs repaired	91
Chimneys and flues repaired	39
Eavesgutters repaired	80
Rainwater pipes repaired	31
Soil and waste pipes repaired	20
External walls repaired	31
Yards, paths, etc., repaired	35
Sanitary conveniences repaired	60
"Tippler" closet conversions	—
Refuse accommodation	9
Drains repaired	64
Fireranges repaired	3
Sinks, water supplies, wash boilers, etc., repaired	23
Miscellaneous	30

TABLE 7

Factories Act, 1961
Places of Employment
Defects Found

Particulars	Number of cases in which defects were found				No. of cases in which prosecutions were instituted
	Found	Remedied	Referred		
			to H.M. Inspector	by H.M. Inspector	
Want of Cleanliness (S.1)	2	—	—	—	—
Overcrowding (S.2)	—	—	—	—	—
Unreasonable temperature (S.3) ..	—	—	—	—	—
Inadequate ventilation (S.4)	—	—	—	—	—
Ineffective drainage of floors (S.6) ..	—	—	—	—	—
Sanitary Conveniences (S.7):—					
(a) Insufficient	1	1	—	3	—
(b) Unsuitable or defective	10	5	—	5	—
(c) Not separate for sexes	1	—	—	1	—
Other offences against the Act (not including offences relating to Outwork)	—	—	—	—	—
TOTALS	14	6	—	9	—

TABLE 8

Factories Act, 1961
Outwork (Sections 133 and 134)

Nature of Work	Section 133			Section 134		
	No. of Out-workers in Aug. list required by Sec. 133 (1) (c)	No. of cases of default in sending lists to the Council	No. of prosecutions for failure to supply lists	No. of instances of work in unwholesome premises	Notices served	Prosecutions
Wearing (Making etc.) apparel ..	8	—	—	—	—	—
Furniture and Upholstery ..	21	—	—	—	—	—
Brush making ..	1	—	—	—	—	—
Stuffed Toys ..	—	—	—	—	—	—
Making paper fancy goods ..	72	—	—	—	—	—
TOTALS ..	102	—	—	—	—	—

TABLE 9

Factories Act, 1961

Places of Employment - Improvements Secured

Cleanliness improved	18
Temperature improved	—
Sanitary Accommodation:	
Additional accommodation provided	6
Accommodation improved	17
Accommodation reconstructed	—
Ventilation improvements	2
Drainage improvements	8
Miscellaneous improvements	24

TABLE 10
Factories Act, 1961
Places of Employment
Inspection for Purposes of Provisions as to Health

Premises	Number on Register	Number of		Occupiers Prosecuted
		Inspections	Written Notices	
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	113	9	1	-
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	810	63	8	-
(iii) Other premises in which Section 7 is enforced by the Local Authority * (excluding outworkers' premises) ..	36	7	1	-
TOTALS	959	79	10	-

*Electrical Stations, Institutions, Building Operations and Works of Engineering Construction.

TABLE 11
Offices, Shops and Railway Premises Act, 1963
Table A - Registrations and General Inspections

Class of Premises	Number of Premises newly Registered during the Year	Total Number of Registered Premises at End of Year	Number of Registered Premises Receiving a General Inspection During the Year
Offices	21	417	30
Retail Shops	49	904	182
Wholesale Shops, Warehouses	11	98	21
Catering Establishments Open to the Public, Canteens	12	222	48
Fuel Storage Depots	-	1	-

Table B
 No. of Visits of all kinds by Inspectors to Registered Premises 542

Table C - Analysis of Persons Employed in Registered Premises by Workplace

Class of Workplace	Number of Persons Employed
Offices	6,565
Retail Shops	4,741
Wholesale Departments, Warehouses	1,596
Catering Establishments Open to the Public	1,754
Canteens	170
Fuel Storage Depots	14
TOTAL	14,820
TOTAL MALES	5,341
TOTAL FEMALES	9,479

Table D - Exemptions “Nil”.

Table E - Prosecutions instituted of which the hearing was completed in the year.

Section of Act or title of Regulations or Order	No. of persons or companies prosecuted	No. of informations laid	No. of informations leading to a conviction
Sections 4, 10, 16	1	2	2
No. of complaints (or summary applications) made under Section 22			Nil
No. of interim orders granted			Nil

Table F - Inspectors

No. of inspectors appointed under Section 52(1) or 5 of the Act	12
No. of other staff employed for most of their time on work in connection with the Act	1

**TABLE 12
Disinfection**

	Free of Charge	On Payment of Charge	Total
Premises visited for Disinfection	2	–	2
Beds	78	13	91
Rooms	6	1	7
Articles	70	5	75
Articles Destroyed	77	–	77

The premises disinfected free of charge were for the following reasons:

Cancer	1
Tuberculosis	1

TABLE 13
Disinfestation

Infestation by	Number of Premises Disinfested				Total
	Domestic Premises	Business & Industrial	Hospitals	Schools	
Bed Bugs.. .. .	35	—	—	—	35
Cockroaches	286	121	46	40	493
Fleas	10	—	—	—	10
Golden Spider Beetles	11	—	—	1	12
Wasps	61	2	2	2	67
Wood Lice	—	—	—	—	—
Body Lice	3	—	—	—	3
Silver Fish	10	1	—	6	17
House Fly	7	2	—	2	11
General Disinfestation	46	—	1	1	48
Others	13	2	—	1	16

TABLE 14
Destruction of Rats and Mice
Prevention of Damage by Pests Act, 1949

	Type of Property	
	Non-Agricultural	Agricultural
PROPERTIES OTHER THAN SEWERS		
1. Number of properties in district	63,281	90
2. (a) Total number of properties (including nearby premises) inspected following notification	2,917	2
(b) Number infested by (i) Rats	1,282	2
(ii) Mice	1,635	—
3. (a) Total number of properties inspected for rats and/or mice for reasons other than notification	4,888	24
(b) Number infested by (i) Rats	251	3
(ii) Mice	400	—

REPORT OF THE BOROUGH ANALYST

If one considers the vast range of different types of foodstuffs that are now presented to the public in grocers' shops and along the miles of shelving of supermarkets, it is not surprising that a public analyst is regularly confronted with packets, cans, boxes and bottles containing completely newly devised products or goods showing variations on earlier themes. The sale of wares by food manufacturers has always been an extremely competitive business, and current trends have intensified competition. The new product formulators of the food industry are forever on the lookout for new ways to tempt money out of the housewife's purse, and to that end they are frequently bent upon producing an attractive article from the least expensive ingredients and packaging it in such a way that the labelling has the maximum amount of consumer appeal.

If a legal standard exists to control the quality of a particular type of pre-packed article, then not uncommonly the manufacturer will wish to ensure that the food contains specified ingredients in just sufficient quantity to comply with the law and thus avoid the possibility of prosecution. Care will be taken to see that all expensive ingredients are kept to the absolute minimum.

Crude adulteration of food is of course still quite rare although instances of this are still met with occasionally. What is of course much more likely nowadays is elaborate sophistication of foods devised by persons with considerable scientific skill.

Clever product formulation can go a considerable way towards suggesting that a product is better than the ingredients really justify. Dubious labelling may be devised which though just coming within the letter of the law is an attempt to mislead. Although ingredients' lists are required by law on the labels of compounded foods (with the exception of certain classes of food to which separate statutory provisions apply), such lists are often printed in the most inconspicuous manner. When a purchaser in a supermarket has no knowledge of a product other than what is written on the label it is most important that the information on the label is correct.

Another feature regarding present day foods is the evergrowing market for so called "Health Foods". Some of these have received special attention during the year.

The careful scrutiny of labels is a most important adjunct to the chemical analysis of pre-packed foods. The former just as much as the latter requires the work of skilled and experienced persons when the goods are being assessed for compliance or otherwise with the legal requirements of the Food and Drugs Act.

The absence of the Chief Assistant Analyst, Mrs. Ann Shepherd, during nine months of 1967 due to serious illness limited the amount of work that could be undertaken. It was with very great regret that after an illness which had extended over a period of four years the laboratory had news of Mrs. Shepherd's death in December, 1967.

Two junior but experienced members of the staff left in 1967. Mr. Terence Bucknall, trainee chemist, who attained his Higher National Certificate in chemistry in the summer of 1967 departed to take up a full time

course with the aid of a Lancashire County Council grant to prepare for his qualifying examination. Mrs. M. Davies, laboratory assistant, left after a period of seven years in the laboratory.

The loss of an experienced chief assistant and two experienced juniors represented a loss of one third of the total staff and resulted in obvious difficulties in maintaining the efficient running of the laboratory organisation. The vacant junior posts were filled by Mr. Stephen Hallows, trainee chemist and Mr. Barrie Taylor, laboratory assistant.

At the time of preparation of this report (April, 1968), it had not been possible to fill the Chief Assistant Analyst vacancy. Skilled, experienced analysts capable of carrying out the very varied analytical work of a public analyst's laboratory are in very short supply and command a higher salary than that accorded to this post in this authority.

The number of samples examined under the Food and Drugs Act during 1967 was only slightly smaller than the number examined during the previous year. However the number of samples which required lengthy analyses, e.g., the examination of foods for pesticide residues and certain foods requiring special types of vitamin assays were very much curtailed in number. Work on the evaluation of polynuclear hydrocarbons in atmospheric smoke was discontinued as from the middle of 1967. Routine bacteriological examinations of ice-cream and swimming bath waters were maintained.

The section of the laboratory dealing with the analysis of water samples for the Waterworks Department dealt with almost the same number of samples as in the previous year. In any period where staffing difficulties affect the type of work undertaken and the total output of laboratory work, the quality control of the water supplied by the local authority has to receive priority over certain other analytical duties.

Special investigations were necessary regarding the treatment of water from the Springs Reservoir and these resulted in the employment of a type of chemical coagulant hitherto unused by the Waterworks Department.

The replacement of the inefficient slow sand filters dating back to the last century at the Clough Bottom waterworks, by modern treatment plant was a notable event in December, 1967. This work is operated with a new chemical coagulation process worked out from laboratory experiments carried out in the Borough laboratory. Special reference is made to this in the section of the report dealing with work carried out for the Waterworks Committee.

During the year your analyst was invited to become a member of the Standards Committee of the Association of Public Analysts, an honour which, with the concurrence of the Health Committee, I was happy to accept.

In recording the year's work during 1967 I would particularly like to mention my indebtedness to the members of staff who have been with us for some time and to the newer recruits to the laboratory for the way that they have endeavoured to help to make up in some measure for the staff shortages.

In presenting this my sixth Annual Report to the Chairman and members of the Health Committee I would also like to express my appreciation of the co-operation and assistance received from personnel of the Waterworks Department, the Public Health Inspectorate and the secretarial staff of the Health Department.

The work of the laboratories has, as usual, had the encouragement, support and interest of the Medical Officer of Health and for this my thanks are expressed.

New and Proposed Legislation:

1967 was a year in which an appreciable amount of new legislation relating to food appeared. There was also a variety of proposals for new regulations. Some of the legislation and proposals for new legislation which has a direct bearing on the work of the laboratory is briefly reviewed below:

The Labelling of Food Regulations, 1967:

These regulations have for some considerable time been awaited to replace part of the existing 1953 Regulations. This legislation deals with a large number of specific items relating to the labelling of pre-packed food, and imposes requirements for the advertisement of certain foods which are not sold pre-packed. Requirements are made for the advertisement of food for sale from vending machines. The addition of the artificial sweetening agent cyclamate to soft drinks has been permitted for some time. This new legislation extends the provisions for the addition of cyclamates to other foods as from the 1st of January, 1968. In all other respects these extensive new regulations do not come into operation until January, 1971. These regulations do not deal with Claims and Misleading descriptions; proposals for new regulations to deal with the latter were issued in November, 1967.

The Coffee and Coffee Product Regulations, 1967:

The regulations do not come into operation until 1971. They supersede earlier legislation some of which dates back to 1945. The regulations deal with the designation and compositional requirements for coffee and decaffeinated coffee and coffee products. Certain aspects of the labelling and advertisement of these products are also included.

The Ice-Cream Regulations, 1967:

These regulations come into operation in January, 1971, and will supersede with amendments the Food Standards (Ice Cream) Regulations, 1959. The regulations specify requirements for the composition, labelling and advertisement of various categories of ice-cream.

The Margarine Regulations, 1967:

Earlier legislation relating to margarine is superseded by these regulations which will come into operation in January, 1971.

The Sausage and Other Meat Products Regulations, 1967:

For many years public analysts have adopted certain "unofficial" standards for the meat content of sausage, and typically these have been upheld by the courts. This new legislation which provides for compositional requirements for sausage and other meat products will come into operation in 1969. The regulations also specify requirements for the labelling, description and advertisement of specified meat products.

In addition to various categories of sausage these regulations will apply to:

Meat with jelly including brawn

Meat with gravy

Meat with sauce

Meat with cereal

Faggot, rissole, croquette or meat ball. Also subject to special provisions included in the regulations, certain other categories of meat product.

The Canned Meat Products Regulations, 1967:

These regulations also come into operation in May, 1969. They specify requirements for the composition of certain classes of canned meat products including requirements for complete meat products used as ingredients in certain canned products. The regulations include requirements for the labelling and description of canned meat products, and for the advertising of such products.

The Meat Pie and Sausage Roll Regulations, 1967:

For many years meat pies have been sold with very considerable variation in meat content. It has been argued that there are considerable justifiable regional differences in different parts of the country as to how much meat should be present in various categories of meat pie. These new regulations, which come into operation in May, 1968, specify requirements for the composition of meat pies (including meat pies containing meat and vegetable and meat pies containing meat and egg, meat and cheese, or meat, egg and cheese), and sausage rolls. The regulations also specify requirements for the labelling and description of these products.

The Artificial Sweeteners in Food Regulations, 1967:

These regulations supersede earlier legislation dealing with saccharin tablets and artificial sweeteners. They came fully into operation in December, 1967. The regulations specify which artificial sweeteners may be sold or used in food for human consumption. Requirements are laid down for the composition of artificial sweetening tablets and the names by which they are to be described on labels. The principal feature are the provisions made for the controlled sale and use of cyclamate in food and sweetening tablets.

The Solvents in Food Regulations, 1967:

These are quite new regulations which become operational as from November, 1969. They prohibit the use in food of all solvents except for nine solvents specified in the regulations. Specifications for the purity of all permitted solvents are laid down, and the form of declaration to be made on solvents when sold as such is defined.

The Solvents in Food (Amendment) Regulations, 1967:

These will apply at the same time as the preceding regulations. They amend the specification in Schedule 1 of the Solvents in Food Regulations in respect of one particular solvent.

Proposals for Regulations on Claims and Misleading Descriptions on Labels and Advertisements of Food:

Reference has been made to new regulations regarding the labelling of food. These did not deal with claims and misdescriptions, but the latter were the subject of proposals made during 1967 for further legislation to control the labelling and advertisement of food.

Food Standards Committee Report on Cream:

The main recommendations of the report were that minimum fat contents should be laid down for whipping cream (35%), whipped cream (35%), half-cream (12%) and sterilised half-cream (12%). These would be additional to present standards for other categories of cream. It was also proposed that the standard for cream (single cream) should be raised from 18% to 20%. This report also dealt with designations to be used to denote the degree, or otherwise, of heat treatment of cream.

The Merchandise Marks (Imported Goods) No. 7 Order, 1934, Amendment Order 1967:

This deals with details regarding the lettering required when applying the indication of origin to meat and edible offals when pre-packed for sale in quantities not greater than 4 lb. in weight.

The Carcinogenic Substances Regulations, 1967:

These Regulations issued by the Ministry of Labour prohibit the manufacture of certain carcinogenic compounds subject to exemptions granted by the Chief Inspector of Factories. The regulations also impose controls on the employment of persons engaged in the manufacture of certain other specified chemicals. These regulations will mean that certain chemicals will become generally not available, and where these have been used for example in laboratories, alternative chemicals will be required for certain analytical procedures.

Food Additives and Contaminants Committee Report on Aldrin and Dieldrin Residues in Food:

This recommends that the following statutory limits should be laid down for residues of aldrin and dieldrin in foods sold in the United Kingdom; 0.1 part per million in food except mutton (1.0 p.p.m.), liquid milk (0.003 p.p.m.) and baby foods, including dried milk (0.02 p.p.m.).

Advisory Committee on Pesticides and other Toxic Chemicals:

A report from this committee recommended that the present voluntary safety arrangements, the Pesticides and Veterinary Products Safety Precautions Schemes, should be replaced by a compulsory licensing scheme for all pesticide products used in agriculture, home gardens and food storage and for all agricultural veterinary products except those suitably controlled by other legislation.

Farm and Garden Chemicals Act, 1967:

This Act, dated 14th July, 1967, deals with provisions for the making of regulations to control the labelling and marking of farm and garden chemicals.

Ministry of Housing and Local Government Memorandum on "Safeguards to be adopted in the Operation and Management of Waterworks":

This dealt with protection of sources of supply, aspects of water treatment and other measures concerned with public water supply.

The Food (Control of Irradiation) Regulations, 1967:

These regulations came into operation in June, 1967. They prohibit the application of ionising radiation to food intended for human consumption. Exceptions to the regulations include certain low level radiation which results from the use of certain types of nucleonic measuring instruments.

The Toys (Safety) Regulations, 1967:

This legislation made under the powers of the Consumer Protection Act of 1961 restricts the use of celluloid in toys, and imposes restrictions relating to the composition of paint which may be used on toys.

Forthcoming Legislation on the Safety, Quality and Description of Drugs and Medicines:

The above was the subject of a white paper which was presented to Parliament in September, 1967. The type of new legislation envisaged by this includes comprehensive controls for licensing of aspects of the production of drugs. The paper deals with clinical trials of new drugs and envisages the setting up of a medicines commission. The paper also deals with certain aspects as to the packing, labelling, description and advertising of certain classes of drugs.

TOTAL NUMBER OF SAMPLES EXAMINED:

The number of samples examined during the year was 7,485. This number includes milk samples separately classified as designated milks, and milks upon which special tests for antibiotic substances have been carried out.

The numbers examined during the past six years are shown below:

1962	5,959
1963	6,928
1964	8,058
1965	7,858
1966	7,787
1967	7,485

The decrease in the number of samples compared with the previous year is mainly due to a decrease in the number of air pollution samples examined, and in the number of milks examined for compliance with the Special Designations Regulations. The classification of the samples is shown below:

FOR THE HEALTH COMMITTEE:

Food and Drugs	1,038
Designated Milks	278
Milks for Antibiotic Tests	147
Ice Creams (bacteriological examination) ..	55
Water from domestic premises (Bolton area)	57
Water from Public Swimming Baths	145
Fertilisers and Feeding Stuffs	32
Miscellaneous Samples	130

Air Pollution:

Smoke and Sulphur Dioxide concentrations-	
Samples from Local Authority Testing	
Stations	2,732
Polycyclic Hydrocarbons	35

FOR THE WATERWORKS COMMITTEE	2,707
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FOR OTHER DEPARTMENTS, OTHER AUTHORITIES AND PRIVATE SAMPLES	129
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TOTAL	<u>7,485</u>
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Food and Drug Samples:

The number of foods and drugs submitted by the sampling officers during the year was 1,038, which is equivalent to a sampling rate of 6.6 per 1,000 of the population.

The number of samples reported as adulterated or otherwise unsatisfactory was 53, a proportion of 5.1 per cent. This figure is significantly less than the proportion of unsatisfactory samples reported in the previous year (7.7 per cent in 1966).

This reduction is largely accounted for by the fact that in 1966 almost half of the unsatisfactory samples were samples of milk (42 unsatisfactory milks), whereas in 1967 only 14 milk samples received an adverse report. The total number of milk samples examined in the two years were comparable - 572 in 1966 and 545 in 1967. The unsatisfactory milk samples are separately classified later in this report.

Inspection of Table A, which lists the samples examined under the Food and Drugs Act, shows the considerable variety in the samples examined during the year. To some extent the sampling has been random, though of course purposeful, in an attempt to cover a broad spectrum of products. Also on the basis of what is one man's food is another man's poison, some rather esoteric foods such as p  te with truffle, essence of anchovies and turtle as opposed to mock turtle soup have been examined. These have been balanced with more homely foods such as cockles and mussels, bottles of sauce and gin. Often sampling can have a seasonal basis. For example, come the fair to the precinct

of the Civic Buildings and we can be presented with candy floss in lurid colours, to make sure that the synthetic dyes used are on the permitted lists. Christmas does not get neglected. This sees the season of pink sugar mice, nuts and oranges (the official regulations permit the artificial colouring of the husks of nuts and the peel of an orange, providing in the latter case the words "colour added" are marked on the peel of the orange, the marking being done with permitted colouring of course), and of course, Christmas puddings. We were rather pleased to have removed from sale a sizeable local stock of Christmas puddings which had been made with a variety of ingredients including (very little) old ale, stout, rum and brandy. The trouble was that these puddings had grown a thick layer of a species of yeast on the surface giving them a manifestly mouldy appearance. We thought of the relief from disillusionment we had prevented for some Bolton families by being spared the sight of mouldy-looking pudding to complete their Christmas repast.

Another aspect of food examination nowadays is to see what is offered to the immigrant population. There are indeed surprises as instanced by the "Devil's Dung" mentioned in my last Annual Report. An oddity which came up in 1967 was "Cooking Butter Specially Packed for the West Indian Trade". The can was blown, hydrogen gas being released when the can was opened. The free fatty acid content of the butter was abnormally high. Apart from all this unpleasantness, including an unpleasant odour, it contravened the Butter Regulations, 1966, in that it contained less than 80 per cent of fat and failed to declare on the label the quite appreciable salt content.

It is quite possible that some local residents with a background of continental holidays could have a taste for "Sardines Piquant a la Ravigote in Olive Oil". The average purchaser would have no idea what to expect until the can was opened. This failed to comply with the law (The Labelling of Food Order, 1953) in that the label failed to give a list of ingredients. What was inside was four sardines in olive oil together with slices of carrot, cucumber or courgette, green peppers and various spices including cloves and peppercorn.

Health food samples received some attention during the year and one of these described as an "Energy Bar" contained far less protein than was claimed on the label which resulted in prosecution of the manufacturers.

A full list of the unsatisfactory food and drug samples is given in Table B of this report.

As remarked in the introduction to this report, staff shortages did not permit during 1967 the examination of an appreciable number of foods for the presence of pesticide residues. Samples in this category included samples examined in connection with the National Survey of Pesticides in Food. None of these contained more than extremely small insignificant traces of pesticide substances. The use of gas-liquid chromatography readily enables exceptionally minute traces of the chlorinated pesticides to be detected and measured (substances such as D.D.T., benzene hexachloride, aldrin and dieldrin, etc.). Of the samples of this type not included in the National Survey series of samples three proved of interest. These were samples of lettuce which when treated to provide suitable extracts exhibited a toxic effect upon fruit flies. None of the common group of chlorinated pesticides were present nor was there present any of the known organic phosphorus pesticides. After a lengthy examination using techniques worked out in the Laboratory of The Government Chemist it was concluded that the traces of pesticidal material present in the

lettuce, the same in all three cases, were toxic substances produced in the cell sap of the lettuce from the take up of some systemic organic phosphorus pesticide. Although recent advancements in technique in thin-layer chromatography do much to assist in the specific categorisation of organic phosphorus pesticides, the specific identification of toxic metabolites produced inside a plant following the up-take of certain systemic insecticides is a process which includes unresolved difficulties.

Lettuce samples subsequently examined were free from any abnormal constituents and it can be taken from the grouped results obtained that the levels of pesticides at present in our foods are very small indeed, and there seems no reason for any undue concern. Although it will probably be well into 1969 before the results of the National Survey on Pesticides in Food is published, it appears from the results being obtained by other Public Analysts that our findings in Bolton are fairly typical, and that very minute amounts of pesticide residues are being found in foods generally throughout the country.

TABLE A
Samples examined under the Food and Drugs Act

Article	Number Examined			Number Adulterated or otherwise giving rise to irregularity		
	Formal	Informal	Total	Formal	Informal	Total
Milks	46	499	545	6	8	14
Arrowroot	—	2	2	—	—	—
Barley, Pearl	—	3	3	—	—	—
Beans, Harricot	—	1	1	—	—	—
Beans and Pork Sausage, canned	—	1	1	—	—	—
Beef, corned	—	2	2	—	—	—
Biscuits	—	3	3	—	1	1
Blackcurrant Drink	—	6	6	—	—	—
Braised Hearts, canned	—	1	1	—	1	1
Brandy	2	—	2	—	—	—
Bread	—	4	4	—	2	2
Butter	—	12	12	—	2	2
Cake	—	2	2	—	—	—
Cake Covering	—	1	1	—	—	—
Cereals, mixed	—	1	1	—	—	—
Cheese	—	2	2	—	—	—
Chicken Stock Cubes	—	2	2	—	—	—
Christmas Pudding	—	8	8	—	1	1
Cockles	—	2	2	—	—	—
Cocoa	—	2	2	—	2	2
Coconut, desiccated	—	6	6	—	—	—
Coffee, Instant	—	2	2	—	—	—
Confectionery	2	15	17	—	1	1
Confectionery - Sweets	—	11	11	—	—	—
Cooking Oil	—	1	1	—	—	—
Currants	—	1	1	—	—	—
Curry Powder	1	2	3	—	—	—
Energy Bar	1	1	2	1	1	2
Essence of Anchovies	—	1	1	—	—	—
Fish, canned	—	22	22	—	1	1
Food Colours	—	2	2	—	—	—
Fruit, canned	—	1	1	—	—	—
Fruit Pie Filling	—	1	1	—	—	—
Food Flavouring	—	1	1	—	1	1
Fruit Juice, canned	—	1	1	—	—	—
Fruit, mixed dried	—	1	1	—	—	—

Article	Number Examined			Number Adulterated or otherwise giving rise to irregularity		
	Formal	Informal	Total	Formal	Informal	Total
Fruit & Nuts, mixed dried ..	-	2	2	-	-	-
Gin	4	-	4	-	-	-
Honey Blackcurrant mixture ..	-	1	1	-	-	-
Ice Lollies	-	7	7	-	-	-
Jams & Preserves	-	6	6	-	-	-
Jelly	-	1	1	-	-	-
Lemon Juice	-	1	1	-	-	-
Lentils	-	5	5	-	-	-
Margarine	-	2	2	-	-	-
Marmalade	-	1	1	-	-	-
Marmite	-	1	1	-	-	-
Meat Products, canned	-	11	11	-	-	-
Meat, raw	-	2	2	-	-	-
Milk Shake	-	5	5	-	-	-
Milk, steam heated	-	1	1	-	1	1
Mince meat	-	6	6	-	1	1
Mint, bottled	-	1	1	-	-	-
Mint Jelly	-	1	1	-	-	-
Mussels	-	2	2	-	-	-
Nutmix	-	1	1	-	-	-
Nuts, mixed	-	3	3	-	-	-
Oatmeal	-	3	3	-	-	-
Oil, vegetable	-	7	7	-	-	-
Patè with truffle, canned ..	-	1	1	-	-	-
Paste, tomato	-	1	1	-	-	-
Peas, canned	-	2	2	-	-	-
Peas, dried	-	5	5	-	-	-
Peas, processed	-	11	11	-	-	-
Pepper	-	2	2	-	-	-
Piccalilli	-	1	1	-	1	1
Pie Filling	-	2	2	-	-	-
Potato Salad	-	1	1	-	1	1
Prawns	1	1	2	-	-	-
Prunes	-	1	1	-	-	-
Pudding, canned	-	2	2	-	-	-
Raisins	-	3	3	-	-	-
Rice	-	8	8	-	-	-
Rice Pudding, canned	-	4	4	-	-	-
Rum	4	-	4	-	-	-
Sago	-	2	2	-	-	-
Sago Pudding, canned	-	1	1	-	-	-
Salmon Sandwich	1	-	1	-	-	-
Sandwiches	2	-	2	-	-	-
Sauce	-	8	8	-	1	1
Sauce, brown	-	11	11	-	-	-
Sauce, tomato	-	3	3	-	-	-
Sausages	11	-	11	1	-	1
Sausages, canned	1	14	15	1	4	5
Seasoning	-	2	2	-	-	-
Semolina	-	2	2	-	-	-
Soft Drinks	6	11	17	-	-	-
Soup, canned	-	2	2	-	-	-
Soup, dried	-	3	3	-	-	-
Spices	-	7	7	-	-	-
Spread, honey-type	-	1	1	-	-	-
Steak, beef (raw)	-	1	1	-	-	-
Steak, canned	-	1	1	-	-	-
Sugar, brown	-	1	1	-	-	-
Sugar confectionery	-	6	6	-	-	-
Sultanas	-	1	1	-	-	-
Sultana Pudding, canned ..	-	2	2	-	1	1
Syrup, flavoured	-	1	1	-	-	-

Article	Number Examined			Number Adulterated or otherwise giving rise to irregularity		
	Formal	Informal	Total	Formal	Informal	Total
Table Cream	—	1	1	—	—	—
Tapioca	—	1	1	—	—	—
Tea	2	2	4	—	—	—
Vegetables, canned	—	11	11	—	1	1
Vinegar	—	1	1	—	—	—
Vodka	6	—	6	—	—	—
Whisky	5	—	5	—	—	—
Yeast Extract	—	2	2	—	—	—
Yoghurt	—	5	5	—	—	—
Bath Salts, medicated	—	1	1	—	1	1
Blackcurrant Health Drink	1	—	1	—	—	—
Chloramphenicol Ear Drops	2	—	2	—	—	—
Cod Liver Oil Preparation	—	2	2	—	—	—
Cough Mixtures	2	3	5	2	1	3
Cough & Throat Pastilles and Lozenges	—	25	25	—	—	—
Emprazil Tablets	—	1	1	—	—	—
Epsom Salts	—	1	1	—	—	—
Health Salts	—	1	1	—	—	—
Herbal Preparations	2	4	6	2	1	3
Indigestion Tablets	—	8	8	—	—	—
Injections: Cytamen	1	—	1	—	—	—
Durabolin	1	—	1	—	—	—
Jectofer	1	—	1	—	—	—
Mersalyl	1	—	1	—	—	—
Neptal	—	1	1	—	—	—
Primolut-Depot	1	—	1	—	—	—
Progestin	1	—	1	—	—	—
Laxatives	—	4	4	—	—	—
Leukeran Tablets	1	—	1	—	—	—
Paracetamol Tablets	—	3	3	—	—	—
Rheumatism preparations (creams and ointments)	—	12	12	—	1	1
Shampoos, medicated	—	7	7	—	1	1
Syrup of hypophosphites	—	1	1	—	—	—
Tablets, proprietary	2	5	7	1	1	2
Tace Capsules	1	—	1	—	—	—
Talcum powder, medicated	—	3	3	—	1	1
Vitamin Tablets	1	1	2	—	—	—
Yeast Tablets	1	—	1	—	—	—
TOTAL	114	924	1,038	14	39	53

Total No. of Samples analysed during the year = 1,038

Total No. of Samples adulterated — 53 = 5.1%

TABLE B

Unsatisfactory Samples of Foods and Drugs

(I) UNSATISFACTORY FOODS

(a) MILK

Earlier in this report it was mentioned that the number of milks reported as unsatisfactory during 1967 was appreciably lower than for the previous year. During 1967 a total of fourteen milks were classified as adulterated or otherwise unsatisfactory. Of these ten contained less than the presumptive minimum standard of 8.5 per cent by weight of non-fat milk solids. These sub-standard milks were free from extraneous water, as shown by the results of freezing point determinations.

One sample only contained less than the minimum presumptive standard of 3.0 per cent by weight of milk fat. The fat deficiency was not large and again a determination of the freezing point of this sub-standard milk showed the absence of extraneous water.

Three samples of milk out of a total of one hundred and forty seven samples of milk tested for the presence of antibiotic substances gave positive results. In each case the type of antibiotic substance present was shown to be penicillin. The levels of penicillin found were shown to be 0.05 and 0.07 International Units per millilitre in two samples from one supplier, the two parts forming a single consignment of milk. In the third case the level of penicillin was only 0.02 to 0.03 International Units per millilitre of milk.

There is of course no permitted level of antibiotic substances in milk. Such substances should be absent in milk for a variety of good medical reasons. It is quite usual for Local Authorities to prosecute in cases where milk is adulterated with antibiotics (instance of this appeared in my previous Annual Report). However in these cases the levels found were very small, in one case well below 0.05 I.U. per ml. and the suppliers of the milk were issued with warnings by the local authority.

The proportion of samples of milk which gave positive results for antibiotics in 1966 was 3.4 per cent. During 1967 an exactly similar number was tested and the proportion of positive results for antibiotics was 2.0 per cent.

Unsatisfactory Milks, 1963-1967

Total No. Milks Year	No. unsatis- factory	No. sub- standard	Type of adulteration	% unsatis- factory	% adulter- ated	% sub- standard
1967 .. 545	14	10	3 contained antibiotic substance	2.6	0.6	2.0
1966 .. 572	42	36	5 contained antibiotic substance 1 contained extraneous water	7.3	1.0	6.3
1965 .. 666	37	34	2 adulterated by abstraction of fat	5.6	0.5	5.1
1964 .. 662	8	8	No adulterated samples	1.2	0	1.2
1963 .. 595	11	8	3 contained extraneous water	1.8	0.5	1.3

(b) OTHER FOODS

SAUSAGE

In this age of ever increasing numbers of packaged "convenience" foods there is on the shelves of the shops and supermarkets a considerable range of canned sausages. A survey of such goods on sale in Bolton produced some interesting results.

The canned goods described as Sausage or Pork Sausage satisfied requirements with one exception. The latter was the product of a leading British manufacturer and was labelled "Skinless Pork Sausage", net weight 12 oz. 340.8 grm.

The total weight of the contents was 342 grm. but of this only 253 grm., that is 74 per cent of the net weight was in fact sausage; the remainder was fat.

Analytically the sausages were shown to have a satisfactory meat content. It is thought that the public are entitled to know from the label that they are purchasing sausages packed in fat, and that the weight declaration should make it quite clear to a purchaser how much sausage he is getting for his money. This was considered to be a case for consideration under either the Weights and Measures Act or The Merchandise Marks Act or both.

The Bolton Weights and Measures Inspector was informed of these findings. Following correspondence with the manufacturers it has been agreed that the labelling of these canned sausages will be altered and the weight declaration will appear on the cans in an appropriate form.

Sausages described as "Frankfurter" or "Vienna Sausage" are traditionally a high quality sausage and command an appropriate price accordingly. When these are canned they are usually canned in brine.

The Sausage and Other Meat Products Regulations, 1967, which are not enforceable until 1969, require that this class of sausage should have a meat content of not less than 70 per cent, calculated on the drained weight of the sausage.

A series of canned Frankfurter sausages examined included examples which did in fact contain over 70 per cent of meat but five samples contained appreciably less; the total meat contents were 56, 61, 63, 63 and 63½ per cent respectively. It appears that the new regulations are clearly required as the present purchaser of canned Frankfurter or Vienna sausages could get over 70 per cent meat or as little as 56 per cent. These sausages are so frequently highly flavoured with garlic and other seasonings that the purchaser could hardly be expected to notice the difference. The attention of the manufacturers was drawn to the low meat contents found in these products.

A sample of ordinary pork sausage (sold loose) contained a satisfactory amount of meat; also present was 290 parts per million of sulphur dioxide from sulphite preservative which was not appropriately declared as is required by The Preservatives in Food Regulations, 1962. The butcher was given warning of this requirement.

BRAISED HEARTS

(Canned)

This was a Yugoslavian product. Foreign goods imported into this country are required to conform to the standards for quality and to meet the labelling requirements applicable to British Manufacturers.

The product was prominently labelled "BRAISED HEARTS", and was shown to contain less than 60 per cent of meat. In my opinion a product sold under this description should contain not less than 95 per cent of meat. On a less conspicuous part of the label ingredients were listed as "Hearts, Juice, Lard, Spices and Vegetables". The labelling of Food Order 1953, requires that ingredients should be listed in the order of the proportion in which they were used. The printed list was not correct for this product.

In my opinion the product should be clearly labelled "Braised Hearts and Vegetables with Gravy". This matter was taken up with the wholesalers/importers.

FISH

(Canned)

This was a foreign product labelled "Sardines Piquant a la Ravigote in Olive Oil". A housewife could well have been surprised to find not only sardines in oil in this canned product but also pieces of carrot, cucumber or courgette, green peppers and cloves and pepper corn. In my opinion this is a compound food and should be labelled with a list of ingredients as required by The Labelling of Food Order, 1953. This was another example of foreign manufacturers requiring to be notified of British legal requirements by the importers/wholesalers.

PICCALILLI

This was labelled in accordance with the requirements of The Labelling of Food Order, 1953. The list of ingredients showed cauliflower, onions and gherkins to be the vegetables present. Only cauliflower and onions were present in the sample; there was no trace of gherkins - the most expensive ingredient. The packers of the product were given a cautionary warning.

WHOLE WHEAT SLICED
BREAD. WHITE
ENRICHED SLICED
BREAD

Both of these were wrapped "speciality" breads, which claimed enrichment with eggs and honey. Analysis confirmed that the bread had been enriched with egg, sugars and skimmed milk.

Both had an ingredients list printed on the wrapper which failed to meet the requirements for such lists specified by The Labelling of Food Order, 1953. The presence of preservative in the bread was declared, but objection was made to the use of a trade name for the added preservative instead of the acceptable common or usual name for the substance. Also in the case of the whole wheat sliced bread, the claim on the wrapper "100% Whole Wheat Bread" was considered inappropriate by virtue of the addition made to the bread. The baker was notified of the labelling amendments required.

WARM MILK
(Steam Heated)

The method of heating milk in a particular cafe was shown to result in addition of water to the milk. This sample contained 2.6 per cent of fat, 7.85 per cent of Non-fat Milk Solids. The milk had a freezing point (Hortvet) of -0.511°C . The milk contained not less than 3.2 per cent of added water. If prior to heating the milk was of typical average quality, then the amount of added water indicated by the freezing point was 5.2 per cent by weight.

Thus for the equivalent of twenty pints of warm milk sold, there would be one pint of water included in the sale.

SULTANA PUDDING

The inner wrapping of this pre-packed article was contaminated with mould growths.

CHRISTMAS PUDDING

The top surface of this pudding presented a very mouldy appearance due to a surface fungus. The pudding had a fermented odour. The contamination was an extensive growth of a type of yeast (*Saccharomyces* species).

In both of the above cases the mouldy puddings were taken off sale by the Sampling Inspector immediately following laboratory examination.

COOKING BUTTER

This was not a complaint article, but a sample purchased by an Inspector in the usual way. On examination on receipt at the laboratory it was found that the butter had been nibbled by a mouse prior to sale. Arrangements were made for inspection of the shop premises by a public health inspector to ensure that steps would be taken to exterminate rodents.

COOKING BUTTER

This was a canned product of The Republic of Ireland labelled as "Specially Packed for the West Indian Trade". The can had a double ended swell and 6.5 millilitres of hydrogen were released

on opening the can. The butter had an abnormal, unpleasant odour and a content of free fatty acids very much in excess of normal values for butter of good quality. Its sale in this country also contravened The Butter Regulations 1966 in that it contained less than 80 per cent of fat without appropriate declaration regarding the salt content.

BISCUITS

These biscuits were prominently labelled "Made with Butter and Fresh Eggs".

The biscuits contained 33.4 per cent by weight of fat but only half of this was butter fat.

In my opinion the label was likely to mislead as it could readily have been understood by a purchaser to mean that the fat used to make the biscuits would be wholly butter fat.

It is not required by law that this type of product should be labelled with an ingredients list. However, it is my opinion that where ingredients are stated, as in this case, then the ingredients should be fully listed in the manner prescribed by the Labelling of Food Order, 1953.

POTATO SALAD

This was a labelling fault apparently due to the wrong seal being used on the carton. The declaration of contents was incorrect.

MIXED VEGETABLES IN SUNFLOWER SEED OIL (canned)

This was an unusual product from Bucharest which listed on the label the vegetables present as follows: Green Peppers, Egg Plants, Green Beans, Baby Marrows, Carrots, Tomatoes, Green Peas and Okra. According to the requirements of The Labelling of Food Order, 1953, the vegetables listed should have been present in amounts as indicated by the list. That is, Green Peppers in maximum amount followed in decreasing weight order by the other vegetables listed.

In fact carrots (probably the cheapest vegetable) formed a substantial part of the mixture, far more of this being present than some of the more exotic vegetables which headed the ingredients list.

HOT PEPPER SAUCE

This was a Jamaican product based on vinegar and capsicum with sugar and other minor ingredients. Here again the listing of the ingredients failed to meet the requirements of the Labelling of Food Order.

GOURMET POWDER (Food Flavouring)

This was labelled as "consisting of refined Mono-sodium Glutamate". The product was shown to be a commercial grade of mono-sodium glutamate containing an appreciable amount of common salt (8.56 per cent sodium chloride). This product was made in Hong Kong. The product should have been sold as a mixture of Mono-sodium glutamate and common salt.

A sample from another source (American) contained a mere trace of salt as impurity (0.16 per cent). This substance is not much used by the housewife to accentuate the flavour of meat and fish foods, but it is very extensively used by food manufacturers for this purpose.

In the cases of the above three foreign articles the importers/wholesalers of the products were notified of the labelling changes required.

MINCEMEAT

This sample was slightly low in content of soluble solids. The Food Standards Preserves Order (1953) requires that the soluble solids content of mincemeat shall not fall below 65 per cent. This sample just failed to meet this standard at 64.4 per cent soluble solids. The manufacturers were notified of this discrepancy.

COCOA

Two samples of cocoa from a bulk stock which had been bought at auction by a local vendor were examined.

Commercial cocoa normally contains 19 to 28 per cent of cocoa fat (average 25 per cent of cocoa fat). One of the samples contained 2.83 per cent by weight of cocoa fat; the other contained 2.70

per cent of fat. Both samples had a high moisture content 9.29 and 9.37 per cent respectively.

This cocoa had been adulterated not by adding other substances to it, but by debasing its quality by abstraction of the greater proportion of the cocoa fat originally present. Cocoa fat, known also as cocoa butter, is of course a valuable commercial product.

The sale of this product as cocoa was prevented. De-fatted cocoa of this type can of course be sold for certain food manufacturing processes.

“HEALTH-FOOD”
CONFECTIONERY.
(Simulated chocolate-type confectionery).

The label on this product claimed “Looks and Tastes like chocolate but contains no chocolate, no cocoa, etc.”

It was found that the product did not in fact taste like chocolate; it had a peculiar soapy taste. There were other objections to the sample. It did not satisfy the requirements of The Labelling of Food Order in that the ingredients list was incomplete and the ingredients were not listed in correct order.

The label of the product also claimed the presence of vitamins and mineral additions (calcium) but did not indicate the amounts present as is required.

General claims for vitamins and minerals in food are contrary to legal requirements. Such additives in food must appear on the label in a prescribed form in order that the purchaser can ascertain the levels of these food supplements present and so that an analytical check can be made to justify such claims.

All of these shortcomings were made known to the manufacturer in order that labelling corrections required by law should be made.

“HEALTH-FOOD”
CONFECTIONERY
(Energy bar)

Two samples of this product were examined; an informal sample which was followed up by a sample taken formally which later resulted in a prosecution.

The label on this article prominently claimed: “Over 30 per cent protein”. The results of the analysis of the formal sample confirmed the initial findings on the informal sample. The product contained at least 30 per cent less than the amount of protein claimed on the label.

The manufacturers were prosecuted and this resulted in the imposition of a fine of £30 and £5 15s. 0d. costs.

(2) UNSATISFACTORY DRUGS

DRUG SOLD AS “THE
MIXTURE B720”
(shown to be a
cough mixture)

This was shown to contain Ammonium bicarbonate, the alkaloids of Ipecacuanha and Morphine. It should have been labelled in accordance with the requirements of the Pharmacy and Medicines Act. The label should have included a list of the amounts of each of the active ingredients present.

COUGHS AND COLDS
MIXTURE

The listed ingredients included 1.6 per cent Ammonium Chloride. It was shown to contain 1.97 per cent w/v of Ammonium Chloride, an excess of 23 per cent of ammonium chloride.

BATH SALTS,
(Medicated)

Compositionally in accord with formula on label. The three main ingredients were common water softening agents. It was considered that the claim for implied therapeutic action was not justified.

COUGH MIXTURE

Product claimed 5.5 per cent dilute acetic acid. Sample yielded only 4.0 per cent w/v acetic acid by distillation.

PRICKLY HEAT TALCUM
POWER (Medicated)

Contained 0.8 per cent salicylic acid and 6.3 per cent Boric acid. In my opinion should have been labelled with cautionary warning “not to be applied to raw or weeping surfaces”.

MEDICATED SHAMPOO

Label claimed 1 per cent of o-Hydroxydiphenyl. Sample contained 0.74 per cent weight/volume of o-Hydroxydiphenyl. Sample 26 per cent deficient in o-Hydroxydiphenyl.

RHEUMATIC CREAM Label claimed 4 per cent of acetic acid (80%). Sample contained 5.06 per cent acetic acid (80%), an excess of 26.5 per cent acetic acid.

HERB TEA (packed in Jamaica) The herb mixture was infested with large numbers of book lice (Psocoptera). Retail stock and retail premises inspected by sampling officer.

HERBAL THROAT CHEST AND LUNG EMULSION Constituents of the sample included the following:
Total solids 10.0% w/w
Total sugar (as invert sugar) .. 9.6% w/w
Ash yielded on ignition .. 0.112% w/w
Sodium (as Na) .. 0.018% w/w
Potassium (as K) .. 0.016% w/w

Label listed Chondus Crisp 25% among ingredients claimed Assuming this to mean Chondrus Crispus the analytical results indicated less than one per cent of herbal extractive. There were also other objections related to labelling irregularities. Arrangements made to interview herbalist vendor.

ENGLISH HERBAL EXTRACTS Contained:
Total solids 1% w/w
Alcohol 0.4% w/w
Alkaloid type matter .. 0.015% w/w
(crude extract included trace of quinine). The sample showed signs of putrefaction when opened 15 days following date of purchase. The product was shown to contain more than 98 per cent w/w of water. The ingredients' list did not correctly indicate contents. Arrangements made to interview herbalist vendor.

PROPRIETARY TABLETS The label on the bottle was satisfactory. The label on the outer wrapping (carton) had been incorrectly printed and did not correctly list the amounts of each of the ingredients. Printer's error in labelling.

PROPRIETARY TABLETS (ingredients included charcoal and dried yeast) The tablets contained satisfactory levels of arsenic and lead. The amount of copper present was 110 parts per million (as Cu). Having regard to the maximum permitted levels of copper allowed by the B.P.C. (1963) for medicinal charcoal and for dried yeast and having regard to the proportions of these two substances present in the tablets, in my opinion these tablets should not contain more than 45 p.p.m. of copper.

Where irregularities were found regarding the labelling of drugs, or compositional deficiencies or excesses the matter was taken up with the local pharmacist or manufacturer of the product as applicable.

Milk Samples

545 samples of milk were analysed during 1967; 46 of these were taken as formal samples and the other 499 were informal samples. Details of the milk samples which were unsatisfactory are given in the list of unsatisfactory samples of Food and Drugs.

The following table shows the average composition of the milks examined during each quarter, and the yearly average (the averages do not include samples of Channel Island Milk).

	No. of Samples	Fat %	Solids-not-fat %	Water %
1st Quarter, 1967	152	3.65	8.61	87.74
2nd ,, ,, 	124	3.57	8.73	87.70
3rd ,, ,, 	154	3.73	8.76	87.51
4th ,, ,, 	115	3.80	8.77	87.43
For the year 1967	545	3.69	8.72	87.59
For the year 1966	571	3.69	8.66	87.65
For the year 1965	666	3.71	8.74	87.55

Designated Milks:

In addition to chemical analyses, designated milks are subject to tests which are specified in the Milk (Special Designation) Regulations.

These tests include the Methylene Blue Test which is a measure of the keeping quality of the milk, the Phosphatase Test which is a check on the efficiency of the pasteurisation process and the Turbidity Test which functions as a check on the heat treatment given to sterilised milk.

Examination of Designated Milks

Designation	No. Examined	Satisfactory	Failed Meth. Blue Test	Failed Phos. Test	Failed Turbidity Test	Test Void
Pasteurised	129	129	0	0	—	—
Sterilised	149	149	—	—	0	—
TOTALS ..	278	278	0	0	0	—

Antibiotics in Milk:

Exactly the same number of milks were tested for antibiotic substance in 1967 as in 1966. Of the one hundred and forty seven milks so tested in 1966 five were shown to contain penicillin. In 1967 the same number of milk samples yielded three which contained traces of penicillin. The results of the latter tests are included in Table B of this report.

Ice-Cream Samples

These samples are collected in sterile containers, special precautions being taken to preclude contamination occurring during sampling; they are then subjected to a Methylene Blue Test in order to assess their relative hygienic qualities. Under the conditions of the test, samples which decolourise the Methylene Blue solution in 4½ hours or more are classified as Grade 1; those which decolourise the solution in 2½ to 4 hours as Grade 2; in ½ to 2 hours as Grade 3; and those decolourising the solution instantly (0 hours) as Grade 4.

Samples categorised as Grade 3 or 4 are classified as of an unsatisfactory standard.

The samples are also examined for organisms of intestinal origin, the presence of which is regarded as evidence of undesirable contamination.

Methylene Blue Test for Ice-Creams

	No. of Samples	Satisfactory	Unsatisfactory	Methylene Blue Grading			
				1	2	3	4
Sold wrapped	5	4	1	2	2	0	1
Sold loose	50	22	28	19	3	16	12
TOTALS ..	55	26	29	21	5	16	13

Three of the ice creams sold loose and the one unsatisfactory wrapped ice cream which were categorised as being of unsatisfactory hygienic quality, as assessed by their methylene blue grading, were additionally unsatisfactory in that they contained coliform bacteria of intestinal origin (E. Coli type I).

The proportion of unsatisfactory ice cream samples amounted to 52 per cent of the total, which as such amounts to an alarming proportion. However this by no means represents an assessment of the quality of ice cream sold locally. Very few samples of wrapped ice cream have been examined as experience has shown that the wrapped products packed by the leading manufacturers are invariably of a high standard of hygienic quality. The sampling officer concentrated attention upon one particular local ice cream maker who had difficulties in achieving the hygienic quality that is desirable. Failure to meet the appropriate standards at this local source resulted in a series of repeat samples being examined from the same premises, many of which yielded unsatisfactory results. Advice and instructions have been given to this supplier by the sampling officer (Public Health Inspector).

Domestic Water Supplies

Samples of water from private houses have been collected from the town and district during the year. The results obtained from bacteriological analyses show that a safe and satisfactory quality standard has been maintained throughout.

Samples were similarly collected from domestic premises in the Bury, Rawtenstall, Bacup and surrounding districts. Reports on the examination of these were issued to the Waterworks Engineer.

Swimming Bath Waters

The efficiency of the water treatment process at each of the public swimming baths was regularly assessed by means of bacteriological analyses supplemented with chemical tests. Where abnormalities were detected recommendations were made and further tests conducted to ascertain that conditions were restored to the high quality standard typically maintained. Similar analyses were carried out on samples of water from the swimming baths at local schools. The results obtained show that suitable treatment conditions and satisfactory water quality have been maintained.

Fertilisers and Feeding Stuffs

Thirty two samples of fertilisers and feeding stuffs have been examined; eighteen of these were feeding stuffs and fourteen were fertilisers. Of the latter one sample of dried blood contained a slight excess of nitrogen, the excess nitrogen probably being due to the product having dried out slightly. This was not to the detriment of a purchaser. Two other samples of fertilisers were compositionally satisfactory but were unsatisfactory in that they had become damp and sticky before sale. The remainder of the fertilisers were satisfactory.

Of the eighteen samples of feeding stuffs no less than eleven failed to meet the quality indicated by the particulars contained in the statutory statement accompanying the sale, having regard to the limits of variation permitted by the regulations.

Two samples were slightly deficient in protein and one sample was slightly deficient in oil. Three samples contained excess oil, three samples contained excess fibre and two of the samples contained both excess protein and fibre. In only one instance was the fibre content appreciably above the correct level. In this case and in two other instances where fibre was present in excess, a very large proportion of dried peas had been included in the feeding stuff.

Air Pollution

The survey of local air pollution which was based upon the daily measurement of the level of smoke and sulphur dioxide at nine selected sites within the Borough area, had of necessity, to be modified last year. In the early part of 1967 facilities for accommodation of the instruments at the Darcy Lever site became unavailable. No alternative site in the immediate vicinity of the sampling point was available and therefore this particular location ceased to be an air pollution survey point after April, 1967. Had this particular site been one which yielded particularly high or particularly low levels of pollution its discontinuance would have had a marked effect upon the average yearly data for air pollution in this area. Fortunately this particular site was one which gave results which were in fact fairly typical of the average for the Borough area as a whole, and therefore perhaps fortuitously, further comparisons of the accumulated data from the remaining eight survey points would be comparable to the average results obtained from the original nine locations.

The average results for 1967 are shown below together with the results for the previous nine years.

Year							Pollution levels in Micrograms per cubic metre of air	
							Smoke	Sulphur Dioxide
1967	162	147
1966	164	163
1965	161	179
1964	143	203
1963	181	236
1962	196	219
1961	243	218
1960	281	220
1959	282	289
1958	289	263

The smoke figures for the last three years are almost identical and it appears that Bolton has reached a status quo in terms of smoke abatement. The recent figures are of course vast improvements on the situation which existed when the survey started in 1958. There is, however, a small but significant reduction in the local level of sulphur dioxide during the last three years.

In my annual report for 1966 the monthly averages for certain minor pollutants, polynuclear hydrocarbons, for the four year period 1963 to 1966 (inclusive) were collated and shown in graphical form. The accumulated data showed clearly the distinct relationship existing between the major pollutants, smoke and sulphur dioxide, and the polynuclear hydrocarbons. Quite clearly the lower the smoke and sulphur dioxide levels the lower would be the levels of these minor pollutants. This applied to each of the polynuclear hydrocarbons determined, including the carcinogenic substance 3:4 benzpyrene. It was decided in consultation with the Medical Officer of Health that this investigational work had served its purpose and therefore the routine measurement of the levels of polynuclear hydrocarbons in the local smoke was discontinued in early 1967.

In 1966 a general impetus in the cleaning up of blackened grimy buildings in Bolton got underway, with the cleaning of the stonework of the Town Hall. The latter emerged from the process as almost a different entity. Imposing in a quite different way were the results of the cleaning of the stonework of small cottages. In 1967 it became more common to see the pristine freshness of the cleaned stone of a terrace cottage standing out like a sentinel in the serried ranks of its blackened neighbours. If the early dramatic reductions in pollution which followed the onset of air pollution abatement could have continued at a similar rate then by this time there would be a possibility of cleaned-up buildings staying clean. There can be no doubt that in the interests of health, and in the interest of public amenity, there is much to be said for not accepting the status quo smoke pollution level of the last three years and pressing for the earliest possible implementation of the planned programme of further air pollution abatement.

Miscellaneous Examinations

A large variety of articles of miscellaneous character and origin are submitted to the laboratory during the course of a year. Many of these originated as complaints brought in by the general public via the public health inspectors. This miscellany included the following:

MOULDY FOOD

The following articles of food were contaminated to varying degrees with mould growth: Beef steak and kidney pie, canned soup, meat pudding, sliced brown bread, yoghurt and pickled mangoes.

INSECTS, ETC., IN FOOD

Canned strawberries contained a black beetle (*Blaps mucronata*) which is also known as the churchyard beetle. Canned pineapple contained a beetle of a type not found in Britain; the insect, a species of *Carpophilus*, had been packed with the fruit (Malayan pineapple). Two packs of breakfast cereals were infested with Spider beetles (*Ptinus tectus*), and specimens of this insect, both alive and dead, were found in a cereal type baby food. A house-fly (*Musca domestica*) was embedded in the cream filling of a chocolate éclair; the fly was still alive when the éclair was examined. A chicken sandwich contained an Earwig (*Forficula auricularia*) which had been baked in the bread.

RODENT CONTAMINATION

Two series of samples were examined with reference to inspection of premises where food was prepared or sold. In one case nine samples were taken from a bakery and these showed conclusive evidence of various types of insect and rodent contamination. From a shop premises inspection samples of crushed rice and split lentils were examined. Both were extensively contaminated with mouse excrement. In both of these instances prosecutions under the Food Hygiene Regulations followed with the imposition of substantial fines.

A house owner sought information on some pale grey and some almost white pellets found in the home. Although they differed most markedly in general appearance from ordinary mouse droppings, microscopy showed clearly that they were in fact mouse excrement.

OTHER FOREIGN MATTER IN FOOD

A complaint of woollen fibres in marmalade was shown to be hemp fibre typical of that of coarse string. Fragments of string were also present in a meat and potato pie, and two short lengths of string had been baked in a loaf. A shepherd's pie was contaminated with hair-like strands which proved to be synthetic fibres. A cake contained soiled fragments of cake crumb and a fragment of a bristle from a brush. This was shown to have been baked in the cake. Particles of black carbonaceous material from a dirty baking tray had been baked into some bread rolls and a cheese and onion pie contained similar material together with a few partially burned raspberry seeds which no doubt originated from a dirty baking tray.

A type of cheese which certainly should not have contained caraway seeds did in fact contain a few such seeds. A cornish pasty was submitted which contained a fragment of glass embedded in a piece of potato contained in the filling. A by no means uncommon complaint was the discolouration of bread in instances where the dough had become contaminated by contact with traces of oil and grease from bakehouse machinery. A complaint article of blackcurrant jam contained a fragment of stem from a blackcurrant bush. The dark lump in canned corned meat was shown to be congealed blood from an incorrectly drained carcase. So called dirt in fruit flavoured pastilles was shown to be traces of vegetable tissue from the commercial grade of gum used as an ingredient. An instant coffee was unsatisfactory in that dampness had caused its aggregation into lumps.

DECOMPOSITIONAL CHANGES, ETC., IN FOOD

In two cases butter had abnormally high acidity values and had undergone spoilage to a degree that it was unfit for sale. A canned semolina pudding was excessively acid and had undergone appreciable spoilage. Mandarin oranges in syrup were submitted in a can which was extensively corroded. The drained fruit contained 550 p.p.m. of tin and the syrup contained 290 p.p.m. of tin. The food was in an unsaleable condition and unfit to eat. Lead

and arsenic were present only in amounts below the legal limits permitted. Although there is no legal limit for tin in food, it is generally accepted that a level above 250 p.p.m. constitutes an undesirable amount. A bottle of sterilised milk was at the point of souring when sold. An iced lolly had an unpleasant taste due to contamination with refrigerant liquid used to surround the moulds in which it was made. A very rusty aged can of sardines was examined. The original labels had been almost completely removed and new labels affixed. There was no internal corrosion and the contents were satisfactory apart from the fish having acquired a tough texture. The latter was no doubt associated with chemical changes in the flesh of the fish during a very prolonged period of storage. A can containing corned beef had corroded through at the point of attachment of the opener key and access of air at this point had resulted in consequent spoilage of the contents.

ADDITIONAL MISCELLANEOUS FOODS

Dried peas were intensely green and tests showed the presence of two synthetic dyes, both of which proved to be permitted food colours. The packers should have indicated by labelling that these dried peas contained artificial colouring. A dehydrated vegetable soup mix contained small aggregations of partially decomposed vegetables. The laboratory test indicated that these had been dislodged from some part of the shredding machinery indicating that the manufacturers had paid insufficient attention to cleaning of the machinery used. A complaint pack of white granulated sugar had contents which were satisfactory but the carton containing the sugar had acquired an unusual taint due to storage in proximity with other substances. The complaint that a cup of coffee sold in a local cafe had an unpleasant taste was indeed justified. It contained 13.9 per cent of common salt!

SATISFACTORY COMPLAINT ARTICLES

There always proves to be a proportion of complaints made where no fault can in fact be found with the article. In some cases suspicion of the quality of an article can arise from a variety of causes. In the following instances there was no abnormality: Canned apricots, canned corned beef, dried milk (three samples), canned tomatoes, meat and potato pie and a soft drink. One complaint drug mixture questioned had been correctly compounded and was free from extraneous ingredients.

ADDITIONAL MISCELLANEOUS EXAMINATIONS

These were very varied and included the examination of a golliwog type Jack-in-the-box toy where the toxicity of the paint was queried. The paint used on the toy proved to be satisfactory with regard to toxic metal content. Textile material for export was required to be treated with formaldehyde vapour to satisfy the importers' hygiene regulations. Tests were performed to check the colour fastness of the dyes following such treatment. In the departmental investigation of an accident with safety matches, tests were requested to check compliance with the appropriate specification. A dress material sold as Tricel was shown by laboratory tests not in fact to be Tricel but a secondary cellulose acetate fabric. Such materials as pre-packed fuel, soil and rat bait were analysed, and six allegations of unclean milk bottles were investigated. Identity checks were performed on a number of tablets and capsules.

Contract samples of soap powder, soap flakes and paste cleaner were examined and reports made on the quality of alternative types of Vitamin C syrups.

Twelve samples of rain water were examined for their content of radioactivity, and water samples from private sources were analysed. Samples of water from sub-floor areas were examined with reference to establishing the likely source and water from the paddling pool at Queens Park was checked for bacteriological quality.

Samples from other Corporation Departments, private samples, etc.

EDUCATION DEPARTMENT AND BOLTON 43 swimming bath waters

SCHOOL

BOROUGH ARCHITECT'S DEPARTMENT	1 diesel oil
BOROUGH ENGINEER'S DEPARTMENT	1 soil
BOROUGH ESTATES DEPARTMENT	5 water samples
PARKS DEPARTMENT	8 water samples
COUNTY BOROUGH POLICE	1 tablets
	1 chemical
COUNTY BOROUGH OF WIGAN	10 deposit gauge samples
ATHERTON U.D.C.	17 water samples
HORWICH U.D.C.	2 water samples
NORTH WESTERN GAS BOARD	4 effluent samples
PRIVATE	8 mincemeat
	1 rubber component
	1 bleach
	1 washing powder
	11 waters
	2 samples of wood
	2 wood preservatives
	6 cream cakes
	1 meat pie
	1 sludge
	1 spool of nylon
	1 photograph

Waterworks Committee

The number of water samples examined in the Borough Laboratories for the Waterworks Committee during 1967 was 2,707. This number was similar to the number examined in 1966 (2,775). In addition to these, 57 samples of water from domestic premises in the Bolton area were examined for the Medical Officer of Health.

The samples examined for the Waterworks Committee included regular weekly bacteriological analyses of all sources of supply with supplementary check analyses for pH value, residual chlorine, colour, iron and aluminium, etc. This included 904 samples from supply works and 715 samples of raw waters.

A total of 531 samples were collected from consumers' premises with reference to the regular appraisal of the quality of the water in the distribution network. An additional 50 samples from the distribution system were taken from service reservoirs.

Chemical analyses were carried out on 98 samples and the level of radioactivity (total beta activity) was measured on 36 samples during the year.

There were 60 samples analysed in connection with consumers' complaints and another 219 water samples examined with reference to special investigations.

The quality of the water in the River Irwell at Stubbins Bridge was checked on eight occasions during the year. Consequent upon certain developments adjacent to the catchment area serving Crowthorn reservoir a series of 34 samples of water from this catchment area were analysed. At Sweetloves waterworks 56 samples of the water undergoing treatment were examined in addition to the normal quality checks on water as distributed from that works. Eight samples of water from local supplies at farm properties belonging to the Waterworks Committee were checked for bacteriological quality. Effluent samples examined in connection with pollution prevention of impounded supplies numbered 45.

The samples of water examined in connection with special investigations included a special series of samples analysed to assess the lead content of distributed waters after overnight contact of the waters with lead service pipework. These were additional to the normal checks for lead content carried out on routine samples from domestic premises. The outcome of the additional tests was that the satisfactory local conditions with regard to plumbo solvency, as indicated by routine checks in the past, were confirmed by the supplementary analyses.

In late April of 1967 objectionable tasting water delivered from the Springs Waterworks was investigated and measures taken to restore the water to its normal satisfactory condition. The taste which suddenly developed in the water supplied from this works was a "medicated", chlor-phenol type taste, which gave rise to immediate complaints. Investigation showed that this arose shortly after the roadside path alongside Springs Reservoir had been surfaced with tarmacadam. The drainage from this path could not gain access to the water in the reservoir. However, the workmen who had carried out the work (not Bolton Corporation employees), had deposited some of the surfacing material surplus to their requirements over the wall at the side of the reservoir.

This deposited material was well above the water line but rain had leached out phenolic substances from the tarmacadam and this had drained to the reservoir. The amount of contamination which gained access to the very large volume of water in the reservoir was so minute that analytical tests were not sufficiently sensitive to demonstrate its presence. However on chlorinating the water the resultant chlor-phenolic compounds produced a most unpleasant taste. It is known that contamination of this type as little as one part in a thousand million parts of water, can produce unpleasant tastes following chlorination. Four barrow loads of tarmacadam were removed from the side of the reservoir. Shortly afterwards the taste troubles completely disappeared.

Springs reservoir also was the source of treatment difficulties later in the year. With many impounded waters increased colour in the raw water occurs in the autumn due to "turn over" conditions in the reservoirs. This turn over or displacement of water from lower to upper levels is associated with rapid temperature changes which occur in the water at that time. In the autumn of 1967 the Springs Reservoir water developed a deep peaty colour which continued for a protracted period. These difficulties were not resolved by recourse to modifications to the existing scheme of treatment. The introduction of the use of ferric sulphate in place of the aluminium sulphate normally used as a coagulant at Spring Waterworks resulted in restoration of satisfactory treatment. The use of ferric sulphate at this waterworks was continued after the raw water returned to normal as it was found that this chemical had several advantages over the coagulant previously used both from the point of view of chemical aspects of normal day to day treatment, and from considerations of treatment costs.

Investigations were carried out in connection with filter operation at Loveclough Waterworks. The latter works continuously produces water of excellent quality but difficulties are experienced in the routine maintenance of the sand filters. The filter washing process does not include an air scour prior to back-washing of the sand beds, mechanical rakes being provided for agitation of the sand.

Certain modifications to the mechanical rakes were carried out and alterations were made in the amounts of chemicals used in the existing treatment process. Further experimental work is in progress with respect to the operation of the Loveclough filters.

The new treatment plant erected at Clough Bottom Waterworks to replace the inefficient slow sand filtration plant which dates back to the last century was put into operation in December, 1967. This new plant employs a treatment process which as far as is known is unique. Following the outcome of experimental work carried out in the Borough laboratories the new treatment works was designed to incorporate facilities for the chemical treatment of the water with a coagulation process preceding filtration. The process does not employ the use of a traditional chemical coagulant. The process devolved upon the controlled addition of very small doses of sodium alginate and suitable elevation of the raw water pH with lime. Potassium permanganate is used to bring about removal of manganese from the raw water. The process depends upon the precipitation under controlled conditions of the aluminium, iron and manganese compounds, which are present in the raw water. At the time of writing this report after several months of operation of this new process the accumulated analyses of the treated water show that satisfactory results have been maintained with this process.

TABLE C
Atmospheric Pollution
Smoke—Daily Averages
(Micrograms per cubic metre of air)

Site	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Daily average at each site for			
													1967	1966	1965	1964
1 Boot Lane	167	112	40	76	62	39	25	47	71	50	273	178	95	96	104	91
2 Astley Street	382	280	181	231	169	94	63	102	169	204	523	417	235	245	225	186
3 Tonge Moor	387	244	154	168	119	103	78	122	183	195	497	376	219	208	226	167
4 Lostock Open Air School	209	127	48	54	45	37	25	45	74	155	291	143	104	95	91	84
5 Central Police Office	267	170	69	100	77	60	45	69	119	96	292	245	134	133	126	119
6 Withins Clinic ..	315	201	118	106	92	59	43	79	119	128	433	283	165	163	155	143
7 Lock Lane	267	194	91	85	84	55	41	73	112	115	379	220	143	148	138	128
8 Grecian Mill	431	263	123	164	115	86	57	93	138	128	469	338	200	214	188	185
Daily average (each month) of all sites, 1967 ..	303	199	103	123	95	67	47	79	123	134	395	275	162			
" 1966 ..	283	216	157	144	108	69	52	83	148	239	230	242		164		
" 1965 ..	149	122	163	183	117	80	76	90	158	236	270	289			161	
" 1964 ..	317	211	182	115	68	64	38	49	79	188	196	205				143

TABLE D
Atmospheric Pollution
Sulphur Dioxide—Daily Averages
(Micrograms per cubic metre of air)

Site	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Daily average at each site for			
													1967	1966	1965	1964
1 Boot Lane	156	125	47	80	72	54	30	55	58	39	230	149	91	128	139	169
2 Astley Street	349	253	133	179	160	101	77	107	134	171	445	318	202	221	244	275
3 Tonge Moor	291	211	120	133	127	95	73	108	114	147	345	225	166	170	197	195
4 Lostock Open Air School	206	149	61	76	72	56	41	52	80	61	290	115	105	110	128	154
5 Central Police Office	362	250	123	157	153	105	67	95	136	153	424	275	192	193	208	252
6 Withins Clinic ..	286	211	114	108	114	89	62	87	106	107	386	193	155	167	171	202
7 Lock Lane	179	170	77	87	95	77	52	73	92	66	317	167	121	129	145	167
8 Grecian Mill	300	208	103	127	112	80	57	71	72	73	337	233	148	182	192	207
Daily average (each month) of all sites, 1967 ..	266	197	97	118	113	82	57	81	99	102	347	209	147			
„ 1966 ..	288	212	148	158	126	106	57	98	164	214	206	185		163		
„ 1965 ..	221	197	261	164	127	97	85	98	139	241	254	265			179	
„ 1964 ..	343	232	227	169	124	100	86	102	160	276	296	322				203

PART V

ADDITIONAL INFORMATION

Fluoridation of Water Supplies

Medical Examination of Corporation Employees

National Assistance Act, 1948 - Section 47

Persons in need of Care and Attention

The Incidence of Blindness, Epilepsy and Cerebral Palsy

Work done on behalf of the Children's Committee

Co-ordinating Committee - Problem Families

Nursing Homes

Cremation

Rehousing on General Medical Grounds

Baths and Wash-houses

Meteorological Summary

FLUORIDATION

Investigations of the necessary apparatus for fluoridating the water supply have been completed during this year for 1967, and at the time of writing this report £3,500 has been included in the Health Committee's estimates for addition of fluoride to the Springs and Sweetloves reservoirs. It now seems likely that about £3,500 will be the annual cost of fluoridation - a small price to pay for improved teeth of future generations.

School dental inspections in Bolton during the last five years (1963-67) showed that 52,500 (71%) of the 73,500 children required dental treatment. This compares with 25% of school children requiring dental treatment in West Hartlepool, where the natural fluoride content of the water is 1.8 parts per million (p.p.m.).

Bolton water contains 0.1 to 0.2 p.p.m. of fluoride and we, in Bolton have only to bring this up to 1 p.p.m to bring about considerable improvement in the health of our children's teeth. In a county borough which has a great shortage of school dental surgeons, the saving in dentists' time will be great.

There is still much opposition to fluoridation of the water supply from some members of the public and from the National Pure Water Association. There is talk of mass medication.

Lord Cohen of Birkenhead who was Professor of Medicine at Liverpool University for many years said in a speech in the House of Lords.

"There was no evidence to support the view that fluoridation in a concentration of one part per million carried any hazard to general health. To call fluoridation mass medication obscured the issue. The issue is that of deciding if adjusting the level of the natural content of a natural constituent of water in the interests of children who will, as a result, have better teeth now and when they grow up, is justified, even if a proportion of citizens would derive no immediate benefit. Not having fluoridation not only caused discomfort to children but also produced the problem of providing sufficient dentists. Fluoridation would mean a saving of 500 dentists practising full time. If the National Pure Water Association and its supporters continued to object to fluoridation, he hoped it would have greater regard to the ethics of public controversy and would refrain from reckless, incorrect and misleading statements."

Lord Cohen's view is supported by a solid body of scientific opinion. Various eminent commissions and committees have reported in the favour of fluoridation after detailed study of the evidence. The Report of the World Health Organisation Expert Committee (1958) of the Commissions of Enquiry in New Zealand (1957) and Ontario (1961) and the Report on the Conduct of Fluoridation Studies in the United Kingdom (Ministry of Health, 1962) are well known. Support is also given in the result of a case in 1963 in the Dublin High Court on the position of fluoridation under Irish constitution. The hearing lasted sixty-five days and evidence from eminent scientific, dental and medical workers drawn from countries throughout the world was submitted to searching cross-examination. In his judgement the Hon. Mr. Justice Kenny commented on the marked note of fanaticism and passionate conviction which he found in the evidence of many of the witnesses opposing fluoridation, and their habit of making suggestions for which there was no support in the literature or in the evidence. After a careful review of the

evidence he stated that he was convinced that the amount of fluoride ion ingested at a concentration of 1 p.p.m. in the water, together with the amount of the ion in the food, in drink, in the air and in drugs (in so far as we know it) does not involve any element of danger or risk to health.

At the time of writing this report, some one hundred and nine local health authorities in England and Wales have resolved in favour of fluoridation. In two others no decision was required as the water contained sufficient natural fluoride. The Minister of Health has assisted local authorities, and to demonstrate his faith in the complete safety of fluoridation of water supplies, the Minister has decided to remove altogether the time limit on the indemnity against costs arising from proceedings on the grounds of injury to health.

I have received letters in support of fluoridation of the water supply from the Local Dental Committee, Local Medical Committee and the Group Advisory Committee of the Bolton and District Hospital Management Committee.

In 1965 the Ministry of Health Circular stated that the Minister gave his approval for fluoridation after considering the report on the studies begun in this country in 1955 and the advice of his Standing Medical and Dental Advisory Committees, and having regard to the large volume of evidence on the safety and efficacy of fluoridation which experience in other countries has provided. This evidence has continued to grow.

The argument is put by opponents of fluoridation of the water supply that children should be given fluoride tablets regularly and that teeth would be less carious if children ate fewer sweets and observed better dental hygiene. The Health Education Authorities and the dental officers are constantly stressing that too many sweets will damage teeth and the importance of regular brushing of the teeth.

However, we have families in Bolton where children do not possess a tooth brush. These children have no prospect of receiving fluoride tablets daily.

It is only by the more fortunate citizens accepting fluoridation of the Bolton water supply that we shall ever achieve satisfactory dental health, particularly in these less fortunate children.

MEDICAL EXAMINATION OF CORPORATION EMPLOYEES

During the year, 1,966 examinations were carried out, involving 1,961 persons. A summary of these is shown in the following table:

Examination for—	No. of persons examined		No. of persons found unfit	
	Males	Females	Males	Females
Entry into Superannuation Scheme	479	256	7	2
Entry into Sickness Payment Scheme	138	419	19	18
Other medicals, e.g. Fitness to resume employment etc.	8	8	—	—
Retirement on medical grounds	7	—	—	—
Independent medical opinion	27	4	—	—
Fitness to be employed as a teacher	84	63	—	—
Fitness for admission to a Training College	55	138	—	—
Fitness to teach after leaving the Bolton College of Education	186	61	—	—
Medical examinations carried out at the request of other Local Authorities	18	4	—	—
TOTALS	1,002	953	26	20

Of the above, there were six incomplete examinations, i.e., where a decision had to be deferred and the persons concerned were requested for further medical examination.

Three hundred and forty-eight persons were sent to mass radiography units, and twenty-three to the Bolton Royal Infirmary or other hospital X-ray departments for chest X-ray when a mass radiography unit was not available. All persons leaving the Bolton College of Education were sent to the mass radiography unit, and this accounts for 247 referrals. One hundred and twenty-four persons were sent because their employment involved work with children; twelve of these were appointed to posts on the nursing staff. All students examined in connection with their fitness for admission to training colleges were advised to attend for a chest X-ray and information regarding available mass radiography units was supplied.

Five persons were referred to consultants for a further opinion.

One hundred and sixty-nine actual and potential public service vehicle drivers were examined, and four of these were considered to be unfit.

Twenty-six persons were examined at the request of other local authorities.

An analysis of the conditions which caused persons examined for entry into the Superannuation and Sickness Payment Schemes to be found unfit is shown in the following table.

	Superannuation Scheme		Sickness Payment Scheme	
	Males	Females	Males	Females
Cardiovascular disease (including hypertension) ..	3	1	8	11
Respiratory system	—	—	4	3
Nervous system	—	—	1	—
Abdominal conditions (including hernia)	—	—	3	2
Renal conditions	—	—	—	1
Varicose veins	2	—	—	—
Other conditions	2	1	3	1
TOTALS	7	2	19	18

The principal cause of failure for both the superannuation and sickness schemes was due to cardiovascular disease. This heart disease was often linked with hypertension or chronic bronchitis. In several cases the sufferers were overweight.

Several medical examinations were carried out during the year for the Motor Taxation Department and for the Corporation on people's fitness to drive a motor vehicle.

Some of these potential drivers suffered from epilepsy. It has been generally agreed medically that if a person has had no attacks of epilepsy for three years and there are no contra-indications, a driving licence could be issued. In a recent judgement in the courts, it was stated that if a person is having treatment for epilepsy, then in fact he is suffering from epilepsy. This judgement has consequently made the decision as to whether or not a licence should be issued, a legal rather than a medical problem.

NATIONAL ASSISTANCE ACT, 1948 - SECTION 47
PERSONS IN NEED OF CARE AND ATTENTION

Action was taken under this Section of the National Assistance Act to require compulsory admission of one patient to hospital. He was suffering from a serious illness and not receiving adequate care at home. After a period of observation with assistance from a district nurse and home help and full discussion with the general practitioner, it was agreed that he must go to hospital. He spent a few months in hospital and it was later possible to discharge him, somewhat improved.

THE INCIDENCE OF BLINDNESS, EPILEPSY AND CEREBRAL PALSY

Blindness:

The Register of Blind Persons contained the names of 197 men and 252 women at the end of the year.

Forty men and 84 women were registered as partially-sighted.

The ophthalmic surgeons completed a total of 22 Forms B.D.8 during the year (10 males; 12 females).

Epilepsy:

The Chief Welfare Officer states that the Register of Handicapped Persons contained the names of 25 men and 19 women suffering from epilepsy. Of these, six men and one woman were in colonies for epileptics, one woman was in a home provided by Bolton Corporation and 19 men and 17 women were in their own homes.

The Local Education Authority knew of 55 boys and 28 girls attending ordinary schools who were epileptics and maintained 2 boys and 4 girls in special schools for epileptic pupils. In addition, three boys and five girls were attending other special schools.

Cerebral Palsy:

Eighteen males and 18 females suffering from cerebral palsy were on the Register of Handicapped Persons maintained by the Chief Welfare Officer.

The Local Authority was aware of 31 children with this handicap. Thirteen of these children were attending Birtenshaw Hall Special School and one child was attending another special school; 13 children were attending ordinary schools and four were pre-school children.

Of the sub-normal and severely sub-normal persons known to the Authority, 13 males and 17 females were suffering from cerebral palsy in addition to the mental handicap.

Facilities available for Handicapped Persons:

Officers of the Health Department often assist the work of the Welfare and Education Authorities in helping the handicapped. During 1967 we have tried to increase this co-operation between the three departments. There were also meetings with representatives of the voluntary associations who do so much work with handicapped young people.

WORK DONE ON BEHALF OF THE CHILDREN'S COMMITTEE

Throughout the year the routine medical supervision of children in the care of the Local Authority has been carried out by a medical officer of the Health Department, and all the children have been examined at intervals, as laid down by the Home Office Boarding-out Regulations. These examinations were carried out at the larger group homes, Braxmere and Crompton House, and the family group homes.

Each month a medical officer has visited the Elizabeth Ashmore Nursery to examine the children and to carry out routine vaccinations and immunisations. During the year there was an outbreak of dysentery at Elizabeth Ashmore Nursery, which lasted from October until December, 1967.

All children for admission to or discharge from a home or nursery have been examined and certified free from infection. The routine examination of foster children was continued after they left school, until they attained the age of eighteen.

A special quarterly report to the Children's Committee was issued by the Medical Officer of Health and a medical officer attended the meetings to answer any queries raised.

Medical Examinations:

No. of examinations on admission to Homes ..	200
No. of examinations on discharge from Homes ..	165
No. of examinations for boarding-out purposes ..	63
No. of routine examinations: 0 - 1 year	58
1 - 5 years	105
Over 5 years	151
	<hr/>
TOTAL	742
	<hr/>

Nutritional Status:

The nutritional status of all children examined at routine medical examinations was satisfactory.

Classification of Defects needing Treatment found at Routine

Medical Examinations:

No. of defects of Eyes	24
No. of defects of Ear, Nose and Throat	16
No. of defects of Teeth	10
No. of defects of Central Nervous System ..	6
No. of defects of Chest	3
No. of defects of Abdomen	5
No. of defects of Skin	13
No. of Psychological Defects	3
No. of Orthopaedic Defects	8
Incidence of Anaemia	1
Incidence of Speech Defects	4
Incidence of Nocturnal Enuresis	7
Incidence of Infectious Disease	1
	<hr/>
TOTAL NUMBER OF DEFECTS ASCERTAINED	101
	<hr/>

No. of children referred for specialist opinion ..	5
No. of children referred to general practitioner ..	3

CO-ORDINATING COMMITTEE - PROBLEM FAMILIES

Quarterly meetings of this Committee have continued to be held under the Chairmanship of the Medical Officer of Health to consider the co-ordination of the services and review of the work of the monthly Case Conference. Senior officers of each of the Corporation departments concerned with the health and welfare of children in their own homes, and representatives of all other bodies concerned with this problem attend these meetings.

I am grateful to Mr. P. E. Varey, Children's Officer, for supplying the following information:

“During the year a total of 45 families, involving 195 children, were the subject of consideration. Of these, a total of 23 families (80 children) were newly reported cases.

At the end of the year a total of 21 families (94 children) remained under active consideration. Of these, it was considered that 10 families (46 children) were being helped or were making satisfactory adjustments. The remaining 11 families were considered to have long-standing problems of a chronic nature and would need much guidance and assistance.

During the year a total of 24 families (101 children) were deleted from the register. Of these, 4 families (10 children) were deleted because the children had been received into the care of the local authority and there was little likelihood of an early rehabilitation. The remaining 20 families (91 children) were deleted from the register, either because they were considered to have improved, or because their needs had been met, or because the families were no longer justifying active concern.”

NURSING HOMES

There were only two establishments registered as private nursing homes in the County Borough with a total accommodation for 55 patients.

During the year under review, the local authority medical and nursing staff carried out regular inspections to ensure that facilities and staffing in these institutions were appropriate for the type of patients catered for. The patients were mainly geriatric cases.

CREMATION

The "Overdale" Crematorium has now completed thirteen full years of operation. The details are as follows:

Year	Number of Bolton Residents cremated	Cremations of persons from other areas	Total Cremations	Approx. percentage of deceased Bolton Residents who were cremated
1955	659	774	1,433	28%
1956	745	1,041	1,786	34%
1957	807	1,028	1,835	36%
1958	861	1,071	1,932	40%
1959	938	1,223	2,161	44%
1960	948	1,324	2,272	46%
1961	1,074	1,501	2,575	47%
1962	1,174	1,575	2,748	53%
1963	1,139	1,657	2,796	51%
1964	1,150	1,673	2,823	55%
1965	1,194	1,808	3,002	57%
1966	1,301	1,973	3,274	59%
1967	1,257	1,975	3,232	63%

REHOUSING ON GENERAL MEDICAL GROUNDS

The Housing Committee allocates fifty houses for persons recommended for rehousing on medical grounds.

The total number of applications received during the year was 288.

The number of applicants recommended for rehousing on medical grounds was 56, the reasons being:

Respiratory diseases	14
Heart and Circulatory diseases	22
Arthritis	10
Diseases of the Nervous System	8
Leg Amputation	3
Chronic ill-health.. .. .	4
Blind	7
Miscellaneous	17

In 15 cases the medical conditions of both the husband and wife were taken into consideration.

Rehousing in ground floor accommodation was recommended in 47 cases.

Sixty-four applicants living in Corporation property were recommended for transfer to more suitable accommodation. Of these, 48 were recommended for transfer to ground floor accommodation.

Twenty-five applicants were living in accommodation in clearance areas and they will be rehoused when the property is dealt with under the housing clearance scheme.

In four cases the houses were dealt with as individual unfit houses.

Action was taken in 12 cases through the Chief Public Health Inspector's department to have repairs carried out.

In 22 cases where there was no medical reason for recommending rehousing the circumstances were reported to the Housing Manager for consideration on social grounds.

Seven applications were withdrawn and one case was referred to the Housing Department for reconsideration.

BATHS AND WASH-HOUSES

There was no change in the administration of the Baths Service. The various establishments offered the following facilities :

BATHS:

High Street	1 Plunge 9 Slipper Baths 1 Steam Vapour Bath
Bridgeman Street	2 Plunges 25 Slipper Baths 1 Establishment Laundry
Moss Street	2 Plunges 18 Slipper Baths 1 Establishment Laundry
Hennon Street	23 Slipper Baths 1 Shower Bath
Rothwell Street	12 Slipper Baths
Great Moor Street	Turkish Baths

WASH-HOUSES :

Moss Street	8 Electric Washing Machines 6 Hand Washing Stalls 30 Drying Racks 1 Coin-operated Ironing Machine
Rothwell Street	12 Electric Washing Machines 18 Hand Washing Stalls 42 Drying Racks 1 Coin-operated Ironing Machine

Below are the attendances during the past three years. Under "Wash-houses" (H) denotes hand stalls, (M) machines and (T) total.

Establishment	Swimming Baths			Slipper Baths			Wash-houses		
	1965	1966	1967	1965	1966	1967	1965	1966	1967
High St. Baths	63,553	67,645	70,885	21,116	24,018	22,395			
Bridgeman St. Baths. . .	126,105	116,592	139,311	44,675	37,520	38,497			
Moss St. Baths and Wash-houses . .	115,344	111,366	116,657	37,931	36,602	34,265	(M) 17,055 (H) 3,019 (T) 20,074	(M) 15,880 (H) 2,263 (T) 18,143	(M) 15,490 (H) 1,773 (T) 17,263
Hennon St. Baths . .				17,340	15,578	15,379	(M) 18,881 (H) 5,408 (T) 24,289	(M) 20,178 (H) 5,672 (T) 25,850	(M) 18,567 (H) 5,113 (T) 23,680
Rothwell St. Wash-houses				11,290	13,806	15,512			
TOTALS . .	305,002	295,603	326,853	138,922	132,352	126,048	(M) 35,936 (H) 8,427 (T) 44,363	(M) 36,058 (H) 7,935 (T) 43,993	(M) 34,057 (H) 6,886 (T) 40,943

TURKISH BATHS:

YEAR	ATTENDANCES
1957	7,693
1958	7,711
1959	7,498
1960	8,494
1961	11,205
1962	12,389
1963	12,248
1964	11,984
1965	12,713
1966	11,728
1967	11,465

Attendances:

Attendances of school children in organised parties for swimming instruction were:

	ATTENDANCES OF SCHOOL CHILDREN		
	1965	1966	1967
Bolton Borough	53,643	59,509	66,451
Lancashire County Council	8,153	7,448	8,438
TOTALS	61,796	66,957	74,889

Annual Passes:

150 free passes were issued to Bolton school-children in 1967 in a scheme to encourage swimming. Lancashire County Education Department also paid for 25 passes in this respect.

Free passes are also issued to people of any age who attain the Bronze Medallion of the Royal Life Saving Society, and 258 passes were awarded under this scheme.

Repairs and Maintenance:

The usual programme of repairs, maintenance and decoration was dealt with during 1967.

At Bridgeman Street Baths the small plunge was closed to renew the roof which was unsafe. The calorifiers at Rothwell Street Wash-house were re-tubed and fitted with motorised valves, and the brickwork in the boiler was renewed.

The plunge at High Street Baths was emptied during boiler inspection to renew a section of tilework that was damaged.

Staff:

Members of staff, and especially attendants, are given every encouragement to qualify for a Life Saver's Certificate. Three members of staff attained distinctions and one member attained the Bronze Medallion of the Royal Life Saving Society. The total number of certificate holders on the staff now stands at 17.

Plunge Water:

The plunge water in all the public baths is supplied from the town's water mains. The holding capacity of all plunges total 243,072 gallons and details are shown below:

		Length	Width	Depth	Capacity (gallons)
Bridgeman Street	(1)	75'	25'	3' to 5'	46,875
	(2)	46'	19'	3' 6" to 5'	22,444
Moss Street	(1)	75'	30'	3' 6" to 7' 6"	75,337
	(2)	60'	21'	3' to 6' 6"	36,480
High Street		75'	26'	4' to 6'	61,936
TOTAL CAPACITY					243,072

The plunge water is treated and purified by first passing through sand filters. Chlorine is then introduced in controlled doses to destroy impurities added to the water by the bathers. Sodium Carbonate is added to maintain a degree of alkalinity in the water and Aluminium Sulphate is introduced to aid filtration. Daily tests are made by the baths staff to ensure that the water is kept to a high standard of purity at all times, and these tests are supplemented by examinations of the water, made by the Borough Analyst's staff at unspecified times. Samples of the plunge water are taken for chemical and bacteriological analysis and a report is sent to the establishment from where the sample was taken.

METEOROLOGICAL SUMMARY, 1967

Compiled at Hall i'th' Wood Observatory by Vincent C. Smith, Esq., Curator and Meteorologist

1967	Humidity %	Average of Max. and Min. Temp. °F.	Absolute Extremes of Temperature			Sunshine			Monthly Rainfall Inches	Wet days	Fog days	Wind
			Highest °F.	Date	Lowest °F.	Date	Monthly Total hours	Most in one day	Date			
January	88	37	53	29	21	9	Not available			20	5	4054
February	85	40	55	2	27	9-13	49.3	5.5	8	18	2	5376
March	78	44	59	21	29	31	124.3	8.7	15	18	-	9730
April	79	45	64	28	25	1	95.3	12.1	18	15	1	4748
May	79	48	67	10	29	3	137.7	11.7	2	27	-	4567
June	73	57	74	15-16	39	5-9	221.8	14.0	17	10	-	2763
July	73	59	78	17	43	29	178.3	12.7	22	14	-	2956
August	84	57	74	23	45	20	125.5	11.2	20	16	-	3061
September	81	54	68	26	39	8-9	119.5	9.8	8	21	-	3047
October	85	49	62	5-6	32	-21	81.9	5.9	7-12	27	-	5176
November	86	39	56	11	36	26	23.9	3.9	14	21	9	3314
December	85	38	53	22	20	8	57.5	6.5	8	16	4	4711
TOTAL							1215.0			223	21	53503
Monthly Average	81	47										4459

COUNTY BOROUGH OF BOLTON
EDUCATION COMMITTEE



ANNUAL REPORT

OF THE

Principal School Medical Officer

FOR THE YEAR 1967

A. I. ROSS, M.D., D.P.H.
Principal School Medical Officer

SCHOOLS SUB-COMMITTEE

Municipal Year 1967-68

HIS WORSHIP THE MAYOR
(ALDERMAN C. LEAT, J.P.)
ALDERMAN MRS. E. M. RILEY (Chairman)
COUNCILLOR D. GODBERT (Vice-Chairman)
ALDERMAN F. W. CHANDLER
ALDERMAN C. H. LUCAS, J.P.
ALDERMAN MRS. H. WRIGHT, J.P.
COUNCILLOR C. H. BRAMHALL
COUNCILLOR S. DAWSON
COUNCILLOR MRS. E. O. HAMER
COUNCILLOR G. HASLAM
COUNCILLOR L. W. MERRETT
COUNCILLOR E. WALTON

REV. R. BROWN	(Co-opted Member)
REV. N. W. FORD	„ „
REV. J. W. PACKER	„ „
MR. C. ROBINSON	„ „
MR. H. ROBINSON	„ „

Health Department,
Civic Centre,
Bolton.

*To the Chairman and Members of the Schools Sub-Committee
of the Bolton Education Committee*

The health of Bolton's school children remained good during the year, there being no epidemics or undue incidence of any special disease. Nineteen sixty seven was not a "measles" year. It is hoped that the measles vaccine which has been successfully tried will be available for general use next year in time to abort the expected epidemic of measles. The trials that have been undertaken of this vaccine so far have shown that it is safe and effective. It will be most useful to have a means of preventing the very great disability that occurs from measles in young children.

The child psychiatry arrangements are likely to be improved next year. A Child Psychiatrist has been appointed who will devote two sessions a week to working in the Robert Galloway Clinic and another two sessions at the Bolton District General Hospital. It is hoped that it will be possible to build up a team in the hospital of clinical psychologist and psychiatric social worker and that an in-patient unit can be built fairly soon. With the Education Committee's services Bolton should then have a very reasonable child psychiatric service.

It is hoped that Bolton will soon be able to start fluoridation of the water supply and thus save children from much unnecessary dental decay. In general the condition of the teeth of Bolton children is unsatisfactory. Recent examinations show that approximately three quarters of the children examined required dental treatment compared with 25 per cent in West Hartlepool where the water naturally contains 1.8 part per million of fluoride. Medical and dental opinion agrees that fluoridation of the water supply carries absolutely no risks causing danger neither to young nor old and that it is an effective means of reducing dental caries.

The Authority's health centre and clinic programme is progressing. The Halliwell Health Centre was opened in the autumn of 1967. It provides accommodation for six general practitioners - five are at present using it - and gives good facilities for the integration of general practice, local health and school medical services. Two general practitioners are likely to enter a health centre at the Astley Bridge Clinic towards the end of 1968 and at this time also the clinic at Deane will be opened. Two or three years after this the clinic at Daubhill and the health centre at Cannon Street should be available.

I should like to thank the staff of the department for their good work during the year, the Chief Education Officer for his continued co-operation and support, and the Schools Sub-Committee for their interest and enthusiasm for the work of the department.

a. Ross.

Principal School Medical Officer.

STAFF OF THE SCHOOL HEALTH SERVICE

Principal School Medical Officer . .	Dr. A. I. Ross	
Deputy Principal School Medical Officer	Dr. P. O. Nicholas	
Senior Assistant Medical Officer . .	Dr. J. L. Jackson	
School Medical Officers	Dr. Audrey Seddon	(Part-time)
	Dr. Mavis J. Allanson	(Part-time)
	Dr. Dorothy M. Paterson	
	Dr. J. H. Swindell	
	Dr. B. Howarth	(Resigned 14.5.67)
	Dr. E. Losonczy	(Commenced 17.7.67)

School Medical Officers worked part-time in both the Maternity and Child Welfare and School Health Services, and were appointed as Assistant Medical Officers of Health and School Medical Officers.

Ophthalmic Surgeons	Dr. T. Chadderton	(Part-time)
	Dr. T. Shannon	(Part-time)
Ear, Nose and Throat Surgeon	Mr. G. G. Mowat	(Part-time)
Principal School Dental Officer	Mr. A. E. Shaw	
School Dental Officers	Mr. S. J. Bray	
	Mr. M. R. Annis	(Part-time)
	Mr. I. G. Black	(Part-time)
	Mr. W. J. Abbott	
	Mrs. Mary R. McKenna	(Part-time)
	Mr. J. N. Kirkman	(Part-time)
	Mrs. J. M. Howarth	(Part-time)
	Mr. F. Wallwork	(Part-time)
	Miss I. Michael	(Part-time)
		(Commenced 14.6.67)
Dental Anaesthetist	Dr. Elizabeth McKenzie-Newton	(Part-time)
Consultant Child Psychiatrist	Dr. M. P. Jonas	(Part-time)
		(Commenced 16.1.68)
Educational Psychologist	Mr. F. S. Stevens	(Resigned 31.7.67)
	Mr. P. Buckley	(Commenced 1.10.67)
Speech Therapists	Mrs. B. P. Pannell	(Part-time)
	Miss K. D. Holden	
Chiropodist	Miss Anne C. Drury	(Part-time)
Superintendent Nursing Officer . .	Miss E. M. Richardson	
Deputy Superintendent Health Visitor and School Nurse	Miss A. M. Fraser	

NURSING STAFF

On the 31st December there were 9 full-time School Nurses, and 39 Health Visitors working part-time on School Health and part-time on Maternity and Child Welfare work - the equivalent of 14.01 full-time School Nurses.

The Superintendent Nursing Officer supervised the work of the staff and was assisted by the Deputy Superintendent Health Visitor and School Nurse.

DENTAL SURGERY ASSISTANTS

There were 6 dental surgery assistants employed on the 31st December.

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GENERAL INFORMATION

No. of pupils on registers of maintained schools	25,077 + 316 part-time
Children attending:	
Nursery Schools	125 + 94 part-time
Primary Schools	15,829 + 222 part-time
Secondary Modern Schools	5,393
Secondary Technical Schools	1,503
Secondary Grammar Schools	1,857
Special Schools	370
No. of three and four-year old children on the registers of primary schools	1,310 + 222 part-time
No. of official nursery classes	30
No. of schools maintained by the Authority ..	88
Nursery Schools	2
Primary Schools	61
Secondary Schools	21
Special Schools	4

ARRANGEMENTS FOR TREATMENT AND SPECIAL EXAMINATIONS

Minor Ailments:

Consultation and Treatment Sessions - Doctor in Attendance

SCHOOL CLINIC	DAY AND TIME OF COMMENCEMENT	No. OF SESSIONS WEEKLY
Robert Galloway Clinic, Ward Street	Tuesday and Thursday, 9.30 a.m.	3
	Friday, 2 p.m.	
The Withins School Clinic, Withins Lane, Brightmet	Wednesday, 9.15 a.m.	1
Astley Bridge School Clinic, Moss Bank Way	Tuesday, 9.15 a.m.	1

Minor Ailment Treatment Sessions - Nurse only in Attendance

SCHOOL CLINIC	DAY AND TIME OF COMMENCEMENT	No. OF SESSIONS WEEKLY
Robert Galloway Clinic, Ward Street	Monday to Friday, 9.15 a.m.	5
The Withins School Clinic, Withins Lane, Brightmet	Monday, Wednesday and Friday, 9.15 a.m.	3
Astley Bridge School Clinic, Moss Bank Way	Tuesday and Thursday, 9.15 a.m.	2
Morning sessions finish at 10.30 a.m. and afternoon sessions at 4 p.m.		

Treatment Centres with only a school nurse in attendance were conducted at the following school:-

Hayward	Monday, Wednesday and Friday morning, 11 a.m. - 12.30 p.m.
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Dental Surgeries:

Six dental surgeries were in operation as follows:

ROBERT GALLOWAY CLINIC	2 Surgeries
Monday to Friday, 9.30 a.m. and 2 p.m.		
CHARLES STREET CLINIC	2 Surgeries
Monday to Friday, 9.30 a.m. and 2 p.m.		
(Transferred to Halliwell Health Centre 30th October, 1967)		
ASTLEY BRIDGE CLINIC	1 Surgery
Monday to Friday, 9.30 a.m. and 2 p.m.		
THE WITHINS SCHOOL CLINIC	1 Surgery
Monday to Friday, 9.30 a.m. and 2 p.m.		

Aural Clinics:

The Consultant Aural Surgeon attended weekly at the Robert Galloway Clinic to see by appointment school children who were referred by the school medical officers.

Ophthalmic Clinics:

The Consultant Ophthalmic Surgeons attended at the Robert Galloway Clinic to examine by appointment children referred by school medical officers.

The clinics were held as follows:-

Monday afternoon	} 3 sessions weekly
Thursday afternoon	
Saturday morning	
Wednesday morning	1 session fortnightly

Morning sessions commenced at 9 a.m. and afternoon sessions at 2 p.m.

Child Guidance:

During 1967 the child guidance clinic continued to function but the work was hampered by the absence of a Consultant Child Psychiatrist. The lady doctor appointed last year as a clinical assistant to the Regional Hospital Board held increased numbers of sessions for the local authority and helped to channel the more seriously disturbed children to Dr. Leyberg, the adult psychiatrist. In the last few months of the year the increased burden of children's psychiatry was taken from his shoulders by the knowledge that a Consultant Child Psychiatrist was appointed to commence work in January, 1968.

The difficulties in assessment of disturbed children were increased when Mr. Stevens, the educational psychologist, moved to a teaching appointment in August and there was no replacement until a new psychologist, Mr. Buckley, commenced duty in October. As 1967 drew to a close, what at times during the year had looked a hopeless task, was beginning to take some shape. It is to be hoped that the new consultant psychiatrist will co-ordinate the work of the team, and if possible, ensure the appointment of a senior psychiatric social worker as the follow up of emotionally disturbed children is at present inadequate. We do hope the Regional Board will keep their promise to provide a small treatment unit for disturbed children in the Bolton District General Hospital. It is not expected that a surgeon can work without having beds and it is equally true that a child psychiatrist cannot function properly if there are no in-patient facilities for observation and treatment of severely disturbed children.

As with the shortage of hospital beds, so the difficulty of placing maladjusted children in suitable school situations remains. During 1967, following some hard work by the education authority officers, most of the children who had been ascertained maladjusted were placed. However, there was always a long wait, and usually the placement was far away from Bolton, which is unfortunate as the distance tends to further fragment the maladjusted child's link with home. We look forward in 1968 to the opening of the school for maladjusted children in the Rochdale area which is only 15 miles from Bolton. Unfortunately there will probably only be eight places for Bolton children and as this number is not enough to meet our needs the authority must consider day school provision for maladjusted young people in the next few years.

Speech Therapy:

At the beginning of 1967, two speech therapists were employed. One full-time and one part-time.

Audiometry:

Routine audiometric testing continued to be carried out in schools. Routine testing is carried out as soon as possible after school entry, and in the last year at primary school. In addition to the routine testing, full examination is carried out on children who have speech defects, who may be backward, or who are specially referred for any reason.

Enuresis Clinic:

It is usually postulated that there is a multifactorial aetiology to nocturnal enuresis, and consequently treatment is not always successful. Using the Enuresis Alarm Bell one hopes that the treatment will speed up the natural cure of this common and distressing complaint. However, initial success may not be maintained and in some cases the patients have to take the cure again.

These children are the persistent bed-wetters who have had all the well-tried home treatment before their referral to this clinic. Their success is gratifying not only to the patient and parents, but also to the clinic staff who thereby receive encouragement in this non-melodramatic work.

During the year 182 children were seen, of these 136 were new patients. Seventy-seven were cured and 43 are still under treatment. Eighty-four were still on the waiting list at the end of the year.

Ultra Violet Light Treatment:

Ultra violet light therapy was available in the Health Department on the same basis as in previous years. Children may receive this treatment on the recommendation of school medical officers.

Breathing Exercises:

The physiotherapist in the Health Department continued to give instruction in breathing exercises for children recommended by school medical officers, chest physicians and the aural surgeon. She also attended at Lostock Open Air School to give instruction in breathing exercises to children at the school.

MEDICAL INSPECTION OF SCHOOL CHILDREN

During 1967 the selective medical examination of primary school leavers was continued. The teachers and the medical staff are very satisfied with the new system and the greater consultation which occurs over children who have any problems.

During the year we had a visit from teachers and doctors from another County Borough who wished to study the selective medical system. The method was discussed with primary head teachers in different areas of the town. The visitors went away satisfied that a selective system of medical examination could be advantageous to the health of primary school children.

The school entrance and leaving medical examinations are still carried out as a routine. It is interesting to speculate as to whether these eventually will become selective, and whether we can involve the family doctors more in this selection. With fewer school doctors it is obvious that their time is best spent on concentrating their efforts in maintaining the health of handicapped children and handicapped families.

Primary School Leavers

Number of children selected and examined	667
Number of children with eye defects	120
Number of children with hearing loss	140
Number of children not selected for examination	1,422
Number of children with eye defects	177
Number of children with hearing loss	49
Number of children selected but absent at examination	10

Periodic Medical Inspections

The total number of periodic medical inspections carried out in 1967 was 4,779, a decrease on the number carried out in 1966, namely 7,792.

Number of children inspected:							
Entrants	1,989
Primary School Leavers (Selective examinations)	667
Senior Leavers	1,718
							<hr/>
TOTAL	4,374
Additional periodic inspections (including Special Schools)							
	405
							<hr/>
GRAND TOTAL	4,779
							<hr/> <hr/>

Other Examinations

Special exminations	7,692
Re-inspections	5,560
							<hr/>
TOTAL	13,252
							<hr/> <hr/>

RESULT OF INSPECTIONS

Periodic Inspections

The number of defects requiring treatment found at periodic inspections was 1,937, compared with 3,275 in 1966. The number of cases requiring observation was 3,099 in 1966 and 1,537 in 1967.

Defect or Disease	Periodic Inspections						TOTAL	
	Entrants		Leavers		Others—			
					Primary School Leavers	Additional periodic inspections and Special Schools		
	Re- quiring treat- ment	Re- quiring observ- ation	Re- quiring treat- ment	Re- quiring observ- ation	Re- quiring treat- ment	Re- quiring observ- ation	Re- quiring treat- ment	Re- quiring observ- ation
Skin	50	32	73	21	34	12	157	65
Eyes:								
a. Vision . . .	124	72	308	22	181	33	613	127
b. Squint . . .	64	5	24	3	31	3	119	11
c. Other	12	6	7	—	7	3	26	9
Ears:								
a. Hearing . . .	54	32	14	11	49	54	117	97
b. Otitis Media	28	53	13	9	14	23	55	85
c. Other	3	11	3	—	11	6	17	17
Nose and Throat	164	204	29	31	59	56	252	291
Speech	27	52	3	1	19	37	49	90
Lymphatic Glands	3	44	2	7	—	14	5	65
Heart	8	27	4	5	8	12	20	44
Lungs	46	45	16	8	21	25	83	78
Developmental:								
a. Hernia . . .	8	6	—	1	1	1	9	8
b. Other	83	81	7	6	58	27	148	114
Orthopaedic:								
a. Posture . . .	12	9	1	9	3	7	16	25
b. Feet	30	30	19	10	20	6	69	46
c. Other	18	29	14	6	17	12	49	47
Nervous System:								
a. Epilepsy . .	9	4	2	—	13	3	24	7
b. Other	4	10	7	6	5	7	16	23
Psychological:								
a. Development	1	18	—	4	8	159	9	181
b. Stability . .	1	21	3	6	6	46	10	73
Abdomen	6	8	3	5	9	8	18	21
Other	22	4	16	3	18	6	56	13
TOTALS	777	803	568	174	592	560	1,937	1,537

Summary of Pupils found to require Treatment

Age Group Inspected (By year of birth)	For defective vision (excluding squint)	For any of the other conditions recorded in previous table	Total individual pupils
1963 and later	17	121	132
1962	67	276	307
1961	41	148	174
1960	6	25	28
1959	1	10	10
1958	2	7	11
1957	87	165	226
1956	55	92	128
1955	11	15	20
1954	5	9	13
1953	129	114	223
1952 and earlier	192	120	280
TOTALS	613	1,102	1,552

Special Inspections

The following table shows the number of defects found at special inspections

Defect or Disease	Special Inspections	
	Requiring Treatment	Requiring to be kept under observation
Skin	324	3
Eyes:		
a. Vision	14	2
b. Squint	4	1
c. Other	15	6
Ears:		
a. Hearing	146	41
b. Otitis Media	26	5
c. Other	30	3
Nose and Throat	90	15
Speech	34	6
Lymphatic Glands	2	2
Heart	2	6
Lungs	30	10
Developmental:		
a. Hernia	1	—
b. Other	12	6
Orthopaedic:		
a. Posture	6	—
b. Feet	15	1
c. Other	44	5
Nervous System:		
a. Epilepsy	—	1
b. Other	32	7
Psychological:		
a. Development	8	10
b. Stability	23	5
Abdomen	27	7
Other	52	4
TOTALS	937	146

Presence of Parents at Periodic Medical Inspections:

Age Group Inspected	No. of pupils inspected	No. with parent present
Entrants	1,989	1,534
Primary School Leavers (Selective examination)	667	313
Senior Leavers	1,718	101
Additional periodic inspections (including Special Schools)	405	81
TOTALS	4,779	2,029

Visits to homes of children by school nurses:

The number of home visits paid by school nurses was 399, compared with 327 in 1966. These visits continued to be made for the same reasons as in the past; some were in connection with the cleansing of children who were found to be infested with vermin, and others were in connection with examinations made under Section 34 or Section 57 of the Education Act, 1944. Some visits were also made in connection with failure to attend clinics held either by the local authority or at the hospital.

MINOR AILMENTS

During the year there was further reduction in the number of sessions devoted to minor ailments. However, although the total attendances have fallen from 5,808 in 1966 to 5,035 in 1967, there still appears to be a need for this type of clinic.

Much of the work is satisfactorily carried out by the school nurses. There is a tendency for children of certain larger families to be constantly attending to see the school nurse. It is essential that these children are not out of school too often or they soon become retarded in their educational attainments. However, it is advantageous for the nurse to follow these families into the school and for the health visitor to keep an eye on the difficulties of the home situation.

Clinic or Centre	No. of individual children who attended	Children seen by medical officer on first visit	No. of subsequent visits to medical officer	Children seen by nurse on first visit	No. of subsequent visits to nurse	Total No. of Attendances
Robert Galloway	999	597	161	737	1,274	2,769
The Withins . .	247	233	99	149	783	1,264
Astley Bridge . .	154	134	40	72	177	423
Treatment Centres	300	—	—	441	138	579
TOTALS . .	1,700	964	300	1,399	2,372	5,035

The number of visits by school children to the treatment centre at Hayward School was 579.

NOTES ON SPECIFIC DEFECTS

Diseases of the Skin:

One hundred and fifty-four cases of scabies were treated during the year compared with 179 in 1966 and 115 in 1965. The nurses spend much time in trying to clear families of the troublesome skin disease. The families are carefully followed up to try and ensure that re-infection does not occur.

In severe cases the scabies is often infected. As will be seen from the underlying table there were 26 cases of impetigo and each of these will have been looked at carefully to make sure there was no associated infection with the acarus parasite.

Once again no cases of ringworm of the scalp were discovered during the year.

Disease	Number of cases treated or under treatment by the Authority
Ringworm:	
(i) Scalp	—
(ii) Body	4
Scabies	154
Impetigo	26
Other skin diseases	371
TOTAL	555

Impetigo treated in School Clinics:

The number of cases of impetigo treated in school clinics was 26 in 1967, compared with 19 in 1966. The table below gives the figures for the past ten years.

Year	No. of Cases	Year	No. of Cases
1958	39	1963	16
1959	74	1964	17
1960	63	1965	27
1961	34	1966	19
1962	33	1967	26

Defects of the Ear, Nose and Throat:

A total of 377 children had their tonsils and adenoids removed during the year; 26 had operations for diseases of the ear and nine for other nose and throat conditions. One hundred and one of these children were seen by the aural surgeon at the school clinics and referred to hospital for treatment, and 412 children were referred direct to the hospital for treatment.

Treatment

	Number of cases known to have been dealt with
Received operative treatment—	
for diseases of the ear	26
for adenoids and chronic tonsillitis . .	377
for other nose and throat conditions . .	9
Received other forms of treatment	113
TOTAL	525

Mr. G. Gordon Mowat, the Consultant Aural Surgeon, reports:

“Ear, Nose and Throat Clinics have been held at weekly intervals during the past year. Cases are referred for specialist opinion by school medical officers. Cases of deafness and slight hearing loss are assessed for diagnosis and treatment. There are also a large number of cases needing removal of tonsils and adenoids and these are dealt with as expeditiously as possible.

I would like to take this opportunity of thanking the nursing and administrative staffs at the clinics for their help and co-operation”.

Ear, Nose and Throat Clinics

No. of visits by patients	421
No. of patients attending	322
No. of new patients	234
No. of children referred from periodic inspections . .	150
No. of children referred from school clinics	172

Children attending the clinics for the first time were seen for the following conditions, which may have been multiple in any particular child:

Disease or Defect	Referred from—		TOTAL
	Periodic Inspection	School Clinics	
Deafness	22	59	81
Otitis Media	7	8	15
Tonsil and adenoid abnormalities	106	93	199
Catarrhal conditions	4	6	10
Other conditions	11	6	17
TOTALS	150	172	322

Two partially hearing children were recommended for special educational treatment and admitted to the Thomasson Memorial School during the year.

Two children were recommended for attendance at the lip reading class.

The aural surgeon completed prescriptions for hearing aids in respect of five children.

Pure Tone Audiometric Testing: Follow-up in 1967.

During 1966, a survey was carried out in all primary schools and the teachers and head teachers were asked to study any children who were considered by inattentiveness or poor school progress to be suffering from possible deafness. The children selected were offered appointments at the clinic for full audiometric tests. The results were given in the report for 1966. At the end of the year several children were still under review and the results of the follow-up in 1967 are given below :

Children with no known previous hearing loss

Children who were found to have 30 - 60 decibel loss in both ears.

Of the 5 children who had tonsils and adenoids operation :

- 1 had no deafness.
- 1 who had 30 decibel loss both ears in 1966 was found to have normal hearing in 1967.
- 1 who had 45 decibel loss R. was recommended for a repeat test and found to have 55 decibel loss R. and 40 loss L. Attended the Bolton Royal Infirmary E.N.T. clinic and was having wicks in the R. ear. Repeat test revealed 60 decibel loss R. and 30 decibel loss L. Recommended a seat near the front of the class in school. Still under review.
- 2 for observation were recommended for repeat test. One was found to have 30 decibel loss R. and 60 decibel loss L. Ears discharging. Listed for left tympanoplasty. Awaiting operation. The other child had a repeat test which revealed 30 decibel loss both ears and is still under review.

Of the 4 children who were awaiting operation in 1966:

- 2 were still awaiting operation at the end of 1967
- 1 had operation for tonsils and adenoids, bilateral myringotomy and removal of wax and is under review at the Bolton Royal Infirmary E.N.T. clinic.
- 1 child transferred to Suffolk.

The 6 other children :

- 2 children - the hearing was normal
- 1 had tonsillectomy - hearing now normal
- 1 had otitis - awaiting result of repeat hearing test
- 2 are still awaiting tonsils and adenoids operation. (One recommended a seat near the front of the class in school)

Children with previous hearing loss known

Children who were found to have 30 - 60 decibel loss in both ears

POST OPERATION :

Of the 7 children who had operation for tonsils and adenoids, 4 children were found to have adequate hearing for practical purposes

- 1 child had 40 decibel loss R. ear and 30 decibel loss L. and the result of the repeat hearing test is awaited
- 1 child is still attending the E.N.T. clinic
- 1 child left Bolton

- 1 child who had operation for tonsils and sinuses was recommended for a hearing aid
- 1 child who had operation for tonsils and adenoids and mastoid-ectomy is still attend the family doctor.
- 1 child who had operation for tonsils and adenoids and micro-scopic examination of the ears had a repeat P.T.A. test and the hearing was satisfactory
- 2 children who had operation for adenoids were found to have satisfactory hearing when re-tested.

Of the 5 children awaiting operations :

- 1 recommended for speech therapy
- 2 no deafness
- 1 still awaiting operation
- 1 waiting result of repeat P.T.A. test

Of the 7 other children :

- 3 attending Bolton Royal Infirmary E.N.T. Department
- 1 adequate hearing for practical purposes
- 1 attending Lancaster E.N.T. Consultant - advised to increase the use of the hearing aid
- 1 attending family doctor
- 1 after wax removed had 50 decibel loss both ears and was referred to E.N.T. clinic. Failed to keep appointment. Still under review

The 3 children who were found to have more than 60 decibel loss in both ears are still attending the E.N.T. clinic

The early ascertainment of deafness in children is extremely important and the health visitors carry out screening tests for the ascertainment of deafness in pre-school children or as part of the work undertaken by the Health Department.

The following table shows the number of children in various age groups tested at schools and tested at clinics.

Sweep Testing in Schools

Sources of Children tested	Tested			Failed Test		
	Boys	Girls	Total	Boys	Girls	Total
Primary Schools:						
Entrants	1,423	1,293	2,716	174	153	327
Leavers	1,084	1,015	2,099	95	94	189
TOTALS	2,507	2,308	4,815	269	247	516

Full Testing at the Clinics

Source of Reference	No. of children referred for test	App't nct kept for test	Result of Audiogram		Unsatisfactory Audiograms and Recommendations				
			Satis-factory	Un-satis-factory	Change of position in class	For obser-vation	Repeat audio-gram	Treat-ment at the clinic	To Aural Surgeon
Failed sweep test in school ..	516	41	140	335	4	171	113	7	40
School Medical Officers ..	134	8	27	99	—	42	40	1	16
School Medical Officers on account of speech defect	124	15	82	27	—	19	5	—	3
On account of backwardness	15	3	7	5	—	4	—	—	1
Others:									
Aural Surgeon	17	—	2	15	—	7	—	1	7
Headmaster	26	2	4	20	—	13	4	1	2
Parent. . .	41	—	7	34	—	17	9	1	7
Family Doctor	27	—	7	20	1	12	5	—	2
Health Visitors	5	—	3	2	—	—	1	—	1
Paediatrician	4	—	—	4	—	4	—	—	—
Repeat Audio-grams	301	31	67	203	6	102	68	1	26
TOTALS ..	1,210	100	346	764	11	391	245	12	105

Diseases of the Eye:

Altogether, 1,692 children are known to have been dealt with for errors of refraction. Of these, 1,632 were refracted by the ophthalmic surgeons at the school clinics. The total attendances at the clinics numbered 2,957, of which 2,943 were for refraction, repairs to glasses and re-examinations, and 14 for diseases of the eye.

Fifteen children were referred to the Bolton Royal Infirmary.

In 261 cases spectacles were repaired or replaced.

Twenty-eight children were referred to the ophthalmic clinic at the Bolton Royal Infirmary for treatment for squint.

Dr. T. Shannon, Consultant Ophthalmic Surgeon attending at the Robert Galloway Clinic, reports:

“The Ophthalmic Clinics held by me at the Robert Galloway School Clinic, continue to run smoothly as in previous years.

I am pleased to report that there is no appreciable waiting list for the children to be seen and I have received every co-operation from the staff”.

Dr. T. Chadderton, Consultant Ophthalmic Surgeon attending at the Robert Galloway Clinic, reports:

“With regard to the Ophthalmic Clinics held by me at the Robert Galloway School Clinic, I am pleased to report that they continue to run smoothly and I should like to record my thanks to the staff who have contributed so much towards this.

The children continue to attend mostly with their parents, and the waiting list is dealt with within reasonable time”.

Cases of eye disease, defective vision or squint for which treatment was initiated by the school medical officers, may be analysed as follows:

	Number of cases known to have been dealt with
External and other conditions excluding errors of refraction and squint	55
Errors of refraction (including squint) . .	1,692
TOTAL	1,747
Number of pupils for whom spectacles were prescribed	1,035

The following were found at periodic medical inspection to require attention for defects of the eye.

Defect	Age Groups Inspected				Totals
	Entrants	Primary School Leavers	Senior School Leavers	Additional Periodic Inspections and Special Schools	
Defective Vision	124	135	308	46	613
Squint	64	18	24	13	119
Blepharitis . .	2	—	1	—	3
Conjunctivitis . .	2	2	—	2	6
Other	8	3	6	—	17

Orthoptics:

Children requiring treatment by an orthoptist continued to be referred to the orthoptic clinic at the Bolton Royal Infirmary as it has not been possible to recruit an orthoptist to do this work in the school clinics.

Defective Colour Vision:

As in previous years, the colour vision of secondary school leavers has been tested using the Ishihara method. In 1967, 42 children were found to have defective colour vision, compared with 41 in 1966. All 42 children were, of course, boys.

Orthopaedic Defects:

One hundred and ninety-nine children were found to have orthopaedic defects. One hundred and thirty-four of these were found on periodic medical inspection and the remaining sixty-five at school clinics. Twenty-four children were referred to consultant orthopaedic surgeons at the Bolton Royal Infirmary for advice and treatment.

Chiropody:

Three sessions weekly were held by the chiropodist at the Robert Galloway Clinic.

Miss Anne C. Drury, the Chiropodist, reports:

“Once again during 1967, the chiropody service at the Robert Galloway Clinic has been well attended.

It is with regret that I have been forced by increasing commitments with my hospital work, to tender my resignation. I have always found the work most interesting, and the co-operation of staff excellent.

The number of children attending the clinic, and a summary of defects treated, are given below.”

	Boys	Girls
No. of new patients who attended the clinic	187	226
Defects treated:		
Plantar warts	134	184
Chilblains	10	10
Hallux Valgus	1	6
Onychocryptosis (ingrowing toe nails)	6	2
Onychogryphosis	3	1
Pronation	2	5
Tinea Pedis (Athlete’s foot)	8	6
General chiropody (corns, callosities, general advice, etc.)	26	62
Total number of individual treatments		2,250

Cleanliness of School Children:

The percentage of children with infested heads in 1967 was 8.3 compared with 7.4 in 1966. This increase was disappointing in view of all the work by the hygienists and nurses. We have certainly tried to help parents to be more responsible in the supervision of their children’s hair. Trying to persuade difficult families to attend the health department during the school holidays so that the children will not return to school with infested heads, is a problem. It only needs one infested child in a class of forty children and many of the clean heads will soon be dirty ones.

During the year we had a visit from a scientist who was studying lice and their resistance to various insecticides. He was not very happy with the numbers of lice we were able to provide. He seemed to feel that other areas had better specimens than Bolton. As a health department we certainly don’t want any improved lice, but we do hope that one of the Pharmaceutical Companies will find a chemical which will do no harm to the children but will rapidly destroy resistant lice.

Eighty children - 23 boys and 57 girls - attended the Municipal Medical Baths at School Hill for vermin.

Notices to Cleanse were issued under Section 54(2) of the Education Act on 375 cases, compared with 163 in 1966. Cleansing Orders under Section 54(3) of the Education Act were issued in 36 cases.

	1963	1964	1965	1966	1967
School Population	24,484	25,631	24,218	24,708	25,077 + 316 part time
No. of head inspections	50,962	54,234	61,102	59,436	60,833
No. of children with nits or vermin	1,398	2,022	1,772	1,843	2,129
Expressed as a percentage of school population	5.7	7.8	7.3	7.4	8.3

THE GENERAL CONDITION OF SCHOOL CHILDREN

Result of Routine Medical Inspection:

At the routine medical inspections, the school medical officer concludes his medical report with a statement on the child's general condition, whether satisfactory or unsatisfactory. This classification, which was adopted nationally from the 1st January, 1956, has the merits of simplicity and practicability.

Of the 4,779 children examined at periodic inspections, 4,770 (99·81%) were satisfactory and 9 (0·19%) were unsatisfactory. Details are given in the following table.

Age Groups Inspected (By year of birth) (1)	No. of Pupils inspected (2)	Physical Condition of Pupils Inspected	
		Satisfactory (3)	Unsatisfactory (4)
1963 and later	542	542	—
1962	1,009	1,007	2
1961	447	446	1
1960	93	91	2
1959	36	36	—
1958	41	41	—
1957	474	473	1
1956	247	247	—
1955	78	78	—
1954	39	39	—
1953	870	867	3
1952 and earlier	903	903	—
TOTALS	4,779	4,770	9
Col. (3) total as a percentage of Col. (2) total		99·81	—
Col. (4) total as a percentage of Col. (2) total		—	0·19

The School Meals and Milk in Schools Scheme:

The percentage of school children during 1967 taking school milk under the above schemes	83·59
No. of dinners produced in the school kitchens during 1967	3,361,032
Average number of children taking meals daily	15,616
Percentage of school children taking dinner s in school during 1967:	
Expressed as percentage of average attendances	70·01
No. of central kitchens	2
No. of kitchen/dining rooms	45
No. of children on free meals list at 31st December	2,122

IMMUNISATION

Immunisation against diphtheria, tetanus and poliomyelitis continued on the same lines as in 1966.

DENTAL HYGIENE

Report of the Principal School Dental Officer

Staff:

There has been no change in the full-time dental officer equivalent of 5.0 during the year. Our establishment is for 8 full-time officers including the Principal School Dental Officer.

Recruitment:

One-part time School Dental Officer joined the staff so making good the number of sessions discontinued by other members of the part-time staff.

Clinics:

The two surgeries at the Robert Galloway Clinic remained open throughout the year, and the single surgeries at the Withins and Astley Bridge remained open on a part-time basis. The two surgeries at Charles Street remained open until the Autumn, and were then transferred to two new purpose built dental surgeries at the new Halliwell Health Centre. These are the first purpose built dental surgeries to be built in Bolton.

The absolute premises at Charles Street are closed at last.

Further new dental surgeries are planned at Deane, Daubhill and Cannon Street, and at a later date the Robert Galloway Clinic will be demolished to make way for a new road, and this clinic will be replaced by surgeries at a Health Centre planned to be built on the site of the old Hippodrome in Deansgate.

Dental Inspections:

Of a school population of 24,741, 13,543 children were dentally inspected. Of these 10,216 received a routine dental inspection in school and 3,327 children were dentally inspected for the first time at the various school clinics; included among these were 2,349 emergencies, the others being recalled for the maintenance of the dental fitness of previously treated cases.

Treatment:

The number of children who received dental treatment was 4,159 and 3,839 were made dentally fit. Attendances numbered 13,077, and 4,284 permanent fillings and 1,578 fillings in temporary teeth were inserted.

The ratio of permanent teeth saved to permanent teeth extracted was 1.91 compared with 1.66 last year and 1.63 in 1965 continuing the previous favourable trend.

Two gold inlays and 19 crowns and 18 dentures were fitted.

One hundred and ninety-two children received orthodontic treatment and 127 removable and 3 fixed appliances were fitted. Five cases were referred to the hospital orthodontic consultant.

General anaesthesia was administered in 2,414 cases. One hundred and ninety seven patients were X-rayed, 325 X-ray films being taken.

Other operations totalled 2,272 and included scaling and gum treatment, dressings for the relief of pain, impressions for dentures and orthodontic appliances, metal bands and splints used in the treatment of incisor teeth fractured by accidents and the topical application of stannous fluoride.

Dental Health Education:

This was continued with posters, leaflets, talks to school children and chair-side instruction in oral hygiene.

It is disappointing that it has been impossible to implement the decision to fluoridate the water supply. It is considered that this important preventive dental health measure would have a great effect in improving the condition of the teeth and the dental health of children in Bolton.

The dental staff again record their appreciation of the help received from the Chairman and members of the Schools Sub-Committee, from the Principal School Medical Officer and his staff, and from the Chief Education Officer and his staff, and of the friendly co-operation of our head teachers and their staffs which is so readily given and so much appreciated.

If I may end this report on a personal note, as I am retiring on superannuation at the end of February, 1968, I would take this opportunity of expressing my personal appreciation of the help and kindness I have received from everyone during my nine years as Principal School Dental Officer and especially from the Principal School Medical Officer and his staff and from my own staff whose loyalty and co-operation has been greatly appreciated and leave me with happy memories of my work in Bolton.

No. of pupils on the Register of maintained primary and secondary schools including nursery and special schools, at the end of year 25,077
+ 316 part-time

Attendances and Treatment:

	Ages 5 to 9	Ages 10 to 14	Ages 15 & over	Total
First visit	2,250	1,616	293	4,159
Subsequent visits	2,115	2,892	537	5,544
Total visits	4,365	4,508	830	9,703
Additional courses of treatment commenced	255	194	45	494
Fillings in permanent teeth	752	2,774	758	4,284
Fillings in deciduous teeth	1,450	128	—	1,578
Permanent teeth filled	652	2,451	656	3,759
Deciduous teeth filled	1,382	115	—	1,497
Permanent teeth extracted	421	1,321	221	1,963
Deciduous teeth extracted	2,932	901	—	3,833
General anaesthetics	1,441	865	108	2,414
Emergencies	1,434	777	138	2,349

Number of pupils X-rayed	197
Prophylaxis	460
Teeth otherwise conserved	207
Number of teeth root filled	24
Inlays	2
Crowns	19
Courses of treatment completed	3,839

Orthodontics:

Cases remaining from previous year	87
New cases commenced during year	105
Cases completed during year	72
Cases discontinued during year	45
No. of removable appliances fitted	127
No. of fixed appliances fitted	3
Pupils referred to Hospital Consultant	5

Prosthetics:

	5 to 9	10 to 14	15 & over	Total
Pupils supplied with F.U. or F.L. (First time)	—	—	—	—
Pupils supplied with other dentures (First time)	3	11	4	18
Number of dentures supplied ..	3	11	4	18

Anaesthetics:

General Anaesthetics administered by Dental Officers	1,910
--	-------

Inspections:

(a) First inspection at school. Number of pupils	10,216
(b) First inspection at clinic. Number of pupils	3,327
Number of (a) + (b) found to require treatment	9,258
Number of (a) + (b) offered treatment	7,979
(c) Pupils re-inspected at school or clinic	1,018
Number of (c) found to require treatment	827

Sessions:

Sessions devoted to treatment	1,767
Sessions devoted to inspections	64
Sessions devoted to Dental Health Education	24

INFECTIOUS DISEASES IN CHILDREN

Nineteen sixty seven was a year in which infectious diseases in school children was low. The infectious disease with the greatest incidence was measles. There were, however, only 651 cases in 1967 compared with 1,616 cases in 1966. If measles follows the usual pattern we shall expect a greater number of cases next year. This upsurge of measles might be less if vaccination against the disease is adopted by the Ministry of Health as a general policy.

The number of cases of whooping cough remained the same as the previous year. As has been said elsewhere in this report if we are to rid our children, particularly the infants, of this unpleasant infection we must have a higher rate of immunisation in the under-5 years - in 1967 only 60% were protected.

Only 30 cases of dysentery and 21 cases of food poisoning occurred amongst school children in 1967. This is even better than the low figures of 87 and 7 respectively, recorded in 1966. Considering the outbreak of intestinal infection which occurred in the town in 1967, we were lucky to keep the numbers of cases in children at such a low figure. In some of the crowded schools where toilet and washing facilities are difficult the teachers are to be congratulated on the excellent hygiene of the children.

There were 14 cases of pneumonia compared with 7 in the previous year. The interesting fact is that 8 of the 14 cases occurred in the summer months.

The serious infectious diseases of diphtheria and poliomyelitis were non-existent. Even the now mild cases of scarlet fever fell in number from 231 in 1966 to 61 in 1967.

Incidence of Infection:

The number of cases of infectious diseases each month was as follows:

Disease	Number of Cases												Total
	Jan	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec	
Scarlet Fever	7	3	10	10	14	1	1	3	1	-	4	7	61
Measles	279	142	57	41	24	18	26	17	5	24	18	-	651
Whooping Cough	7	4	1	9	10	5	8	17	10	10	7	5	93
Pneumonia	1	1	-	-	3	1	2	1	1	3	1	-	14
Poliomyelitis													
Paralytic	-	-	-	-	-	-	-	-	-	-	-	-	-
Non-Paralytic	-	-	-	-	-	-	-	-	-	-	-	-	-
Enteric Fever													
(Paratyphoid B)	-	-	-	-	-	-	-	-	-	-	-	-	-
Dysentery	8	1	2	1	-	3	1	-	-	-	4	10	30
Food Poisoning	-	-	-	1	-	2	-	2	1	4	8	3	21
Erysipelas	-	-	-	-	-	-	-	-	-	-	-	-	-
Diphtheria	-	-	-	-	-	-	-	-	-	-	-	-	-
Meningococcal Infection	-	-	-	1	-	-	-	-	-	-	-	-	1
Acute Encephalitis ..	-	-	-	-	-	-	-	-	-	-	-	-	-

Age of Infection:

The age of the children at infection is shown below :

Disease	Age															Total	
	Un- der 1	1	2	3	4	5	6	7	8	9	10	11	12	13	14		15
Scarlet Fever	1	2	3	10	10	17	4	1	—	4	3	2	1	2	—	1	61
Measles	42	102	112	120	96	114	43	9	6	2	—	1	—	2	—	2	651
Whooping Cough ..	12	8	16	16	10	15	6	3	4	—	1	2	—	—	—	—	93
Pneumonia	4	1	1	—	3	2	3	—	—	—	—	—	—	—	—	—	14
Poliomyelitis																	
Paralytic	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Non-Paralytic ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Enteric Fever (Paratyphoid B) ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Dysentery	5	7	5	2	2	2	4	1	—	—	2	—	—	—	—	—	30
Food Poisoning ..	6	—	3	2	3	1	1	2	—	1	—	—	—	2	—	—	21
Erysipelas	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Diphtheria	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Meningococcal Infection	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	1
Acute Encephalitis ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—

REPORT ON PHYSICAL EDUCATION

The various branches of physical education continue to expand, and more schools are widening the scope of their activities. Trampolining is now well established in some Secondary Schools, some fishing and horse riding, and one school has a well established Judo Club. This enables children to pursue an activity of their choice, and gives them a good grounding so that after leaving school they are able to join clubs with a knowledge of their chosen sport.

The Annual Cross Country Championships were held as usual at Leverhulme Park, and for the first time girls were included with very good results.

Three shields were retained once more by schools who entered for the examinations of the Manchester and District Branch of the Royal Life Saving Society, and excellent results were obtained in the Primary Schools where many children have taken the Personal Survival Tests. Classes for non-swimmers have now been organised at Whitcroft School on Saturday mornings. Approximately 90 children attend each session throughout the term.

The usual demonstrations were held showing gymnastics, basketball and dancing and were very well attended by teachers from all schools.

THE WORK OF THE CHILD GUIDANCE CENTRE

There were several staff changes during the year and these included the appointment of Mr. P. Buckley as Educational Psychologist as from October, 1967, and Mr. C. Niven as Senior Remedial Advisory Teacher as from September, 1967.

The accompanying tables give a picture of the sources of the referrals to the Psychologist and the type of recommendations which were made after the diagnostic interview. There was a period of two months in the Summer of 1967 after Mr. F. S. Stevens had left, when the Authority was without the services of an Educational Psychologist. The Remedial Service was also without a Remedial Advisor in the 12 months period after Miss E. Ramsden had left the service of the Authority.

It is of interest to note the wide variety of agencies, both social and educational which have accounted for 40% of the total referrals. In addition to the main sources from the Head Teachers and School Medical Officers; it is encouraging to see other agencies making use of the Child Guidance service.

A rise in the number of referrals is noted towards the end of the year so that a total of 61 children were on the waiting list to be seen by the Psychologist on December 31st, 1967.

The principal reasons for referring a child are due to either backwardness in school or because of behaviour problems. Retardation is well catered for in the form of Special schools and classes, but unfortunately there is no day provision for maladjusted children and this remains as the most urgent requirement for the future.

The Remedial Service as usual carried out a screening survey of all children aged between 7 and 8, and as a result of this about 330 children were given remedial help during the year in either groups or classes.

Generally speaking, the earlier a child can be given help in reading, the more effective this will be. In the future it is hoped to widen the activities at the Junior school level to make the Remedial Service a more effective instrument. At the present, 3 full-time classes are in operation and these deal with 20 children, each of whom has learning difficulties. There is also the equivalent of 12 teachers taking small groups in Junior and Secondary schools.

TABLE 1
Children referred to Child Guidance Clinic

Referred by	No. of Cases
Head Teachers	57
School Medical Officers	17
Remedial Teaching Service	16
Parents	9
School Welfare Officers	6
Children's Department	1
Chief Education Officer	9
General Practitioners	1
Paediatricians	3
Juvenile Liaison	3
Health Visitors	1
Youth Employment	1
TOTAL	124

TABLE 2

Recommendations made about children seen in 1967

Recommendation	No. of Cases
Advice to parents	12
Remedial teaching	10
Group therapy	4
For review	5
Woodside E.S.N. School	6
Referred to Psychiatrist	11
Residential school	1
No action	14
Lostock Open Air School	1
Referred to School Health Service	2
Referred to Probation Officer	1
School transfer	2
Advice to Education Department	7
Observation Class	3
TOTAL	79

TABLE 3

Reason for referral	Symptoms occurring in referral
Backwardness 48	Lying 2
Behaviour in school 20	Stealing 12
Behaviour in the home 18	Truancy 5
Behaviour in school & home 9	Enuresis 4
Backwardness and Emotional 4	Encopresis 1
School Refusal 4	Temper tantrums 6
Assessment 19	Aggressive behaviour 13
Stress.. .. . 3	Withdrawn behaviour 2
Others 11	Wandering from home and school 3

HANDICAPPED PUPILS

One of the most important duties of the School Health Service is to advise the authority on the ascertainment of handicapped pupils. These are pupils who, because of some physical or mental disability, require special educational treatment if they are to obtain the maximum possible advantage from education. Correct ascertainment and placement is of considerable importance to individual pupils.

As far as possible, children are retained in ordinary schools unless their handicap is so severe that this would not give the child the best possible education.

The examination of children who are ascertained as educationally sub-normal is carried out by medical officers who have attended a prescribed course in this work and have fulfilled regulations laid down in The Medical Examination (Sub-normal Children) Regulations, 1959. At the beginning of the year four full-time medical officers and two-part-time medical officers, having fulfilled the requirements of the regulations, were able to undertake this work.

Ascertainment in 1967:

The following children were ascertained as in need of special educational treatment as handicapped pupils during the year :

Blind	—
Partially sighted	1
Deaf	—
Partially hearing	4
Educationally sub-normal	18
Epileptic	—
Maladjusted	2
Physically handicapped and Educationally sub-normal	1
Pupils suffering from speech defects	140
Delicate	24
											<hr/>
TOTAL	190
											<hr/>

Children in Special Schools:

At the end of the year there were 304 handicapped pupils receiving special educational treatment in special schools. Details are given in the following table.

HANDICAP	SPECIAL SCHOOLS	NO. OF PUPILS	
		BOARDERS	DAY
BLIND	Royal Normal College	1	—
	Sunshine House, Southport	1	—
PARTIALLY SIGHTED	Corporation Park School, Blackburn ..	—	8
	Fulwood School, Preston	1	—
DEAF	Thomasson Memorial School, Bolton ..	—	8
	St. John's, Boston Spa	1	—
PARIALLY HEARING	Thomasson Memorial School, Bolton ..	2	12
DELICATE	Lostock Open Air School	60	—
PHYSICALLY HANDICAPPED	Birtenshaw Hall School, Bromley Cross ..	—	14
	Singleton Hall, Blackpool	1	—
	Children's Convalescent Home, West Kirby	2	—
	The Thomas Delarue, Tonbridge	1	—
	The Bradstock Lockett, Southport ..	1	—
	Margaret Barclay School, Mobberley ..	2	—
EDUCATIONALLY SUB-NORMAL	Woodside School, Bolton	—	157
	Crowthorn, Edgworth	2	—
	Thingwall School, Liverpool	2	—
	Eden Grove, Appleby	3	—
	Thornbury House, Bristol	1	—
	St. Philip's, Chessington	1	—
EDUCATIONALLY SUB-NORMAL & MALADJUSTED	Besford Court, Worcester	2	—
MALADJUSTED	St. Thomas More's School, Devon	1	—
	Brookside School, Craven Arms	2	—
	Breckenborough, Thirsk	2	—
	Chaigeley, Thelwall	3	—
	Pitt House School, Torquay	3	—
	Pitt House School, Chudleigh	1	—
	Heanton School, Braunton	1	—
	William Henry Smith School, Brighouse ..	1	—
	Salesian School, Longhope, Glos.	1	—
	Chelfham Mill School, Barnstaple	1	—
EPILEPTIC	Colthurst House School, Alderley Edge ..	1	—
	Soss Moss School, Chelford	3	—
	Maghull Home, Liverpool	2	—
SPEECH	Moor House, Oxted	1	—
TOTALS		107	199
TOTAL		306	

Children awaiting placement in Special Schools:

The following pupils were ascertained in need of special educational treatment, but at the end of the year, arrangements for accommodation had not been completed:

Partially Sighted	1
Maladjusted	4
								<hr/>
TOTAL	5
								<hr/>

Total number receiving or needing special school accommodation .. 309

Special Schools in Bolton:

WOODSIDE DAY SPECIAL SCHOOLS FOR EDUCATIONALLY SUB-NORMAL CHILDREN:

The numbers of children on the rolls, and those admitted and discharged were as follows:

WOODSIDE SENIOR SCHOOL:

From the Bolton Area:		BOYS	GIRLS
No. of Children on the roll, December, 1967	..	40	29
No. of Children Admitted during 1967	13	7
No. of children who left during 1967	16	15
From Outside Areas:			
No. of children on the roll, December, 1967	..	3	3
No. of children admitted during 1967	—	1
No. of children who left during 1967	3	1

WOODSIDE JUNIOR SCHOOL:

From the Bolton Area:			
No. of children on the roll, December, 1967	..	38	50
No. of children admitted during 1967	8	10
No. of children who left during 1967	16	8
From Outside Areas:			
No. of children on the roll, December, 1967	..	2	1
No. of children admitted during 1967	—	1
No. of children who left during 1967	—	2

One of the medical officers who is approved for the purposes of ascertaining educationally sub-normal children attends these schools regularly.

Children leaving Woodside Senior School at the age of 16 years who are thought to require further supervision are reported informally to the local health authority.

THOMASSON MEMORIAL DAY AND RESIDENTIAL SPECIAL SCHOOL FOR DEAF AND PARTIALLY HEARING CHILDREN

The Thomasson Memorial School continues to do good work amongst partially hearing children from the county borough and also from other authorities' areas. There are a number of deaf children from Bolton attending the school. With a few exceptions, the children who lived in Bolton or nearby attended as day scholars; the remainder were resident.

The Consultant Aural Surgeon pays regular visits to the school. A school medical officer also paid regular visits. There is a good link with the Manchester Department of Audiology and Education of the Deaf. A start is soon to be made on parent guidance to help the parents of children suffering from deafness.

The numbers of children were:

From the Bolton Area:			BOYS	GIRLS
No. of children on the roll, December, 1967	..		9	13
No. of children admitted during 1967	1	2
No. of children who left during 1967	3	4
From Outside Areas:				
No. of children on the roll, December, 1967	..		53	30
No. of children admitted during 1967	5	8
No. of children who left during 1967..	4	2

LOSTOCK RESIDENTIAL OPEN AIR SCHOOL FOR DELICATE CHILDREN:

The open air school continued on the same lines as in previous years. During 1967, 102 children in the school were from the Bolton area and 61 from outside areas, principally Lancashire County. This compared with 122 children from Bolton and 54 from outside areas in 1966.

The school continues to be useful for children suffering from a variety of conditions and, apart from general debility, asthma is the principal single entity concerned.

A school medical officer visits the school each week, and the children are cared for by a local general practitioner when they are ill.

The following table gives details of the number of children in attendance, admitted and discharged during the year.

From the Bolton Area:			BOYS	GIRLS
No. of children on the roll, December, 1967	..		35	25
No. of children admitted during 1967	11	11
No. of children discharged during 1967	23	19
From Outside Areas:				
No. of children on the roll, December, 1967	..		33	9
No. of children admitted during 1967	22	7
No. of children who left during 1967	13	6

An analysis of the medical conditions of the children who were in residence during the year is given below:

MEDICAL CONDITION								NO. OF CHILDREN	
								BOLTON	OUTSIDE AREAS
Asthma	25	35
Bronchitis	17	10
Bronchiectasis	—	1
Poor nutritional status	5	6
General debility	46	4
Other conditions	9	5
TOTALS								102	61

Children in other Special Schools:

A number of Bolton children who are handicapped and who cannot be suitably educated in the special schools provided in Bolton attend residential schools in other parts of the country. These children are examined by the authority's medical officers during the school holidays when they return to Bolton so that progress can be assessed, and if there is any change in the child's disability an appropriate recommendation can be made.

Children suffering from Cerebral Palsy:

As far as possible, spastic children whose physical disability is slight and whose intelligence level is adequate are encouraged to attend an ordinary school. The majority of spastic children from Bolton whose physical disability makes them unfit for ordinary school attend Birtenshaw Hall Special School for Spastic Children. The admission and discharge of these children is the responsibility of the Medical Advisory Panel, which meets from time to time to consider applications.

Altogether, there were thirty-one children known to the School Health Service to be suffering from cerebral palsy. The situation at the end of the year was as follows:

	BOYS	GIRLS
Attending Birtenshaw Hall Special School	7	6
Attending special school for delicate children ..	1	—
Attending residential grammar school	—	1
Attending grammar school	1	1
Attending ordinary schools	7	3
Not at school - pre-school children	2	2
	—	—
TOTAL	18	13
	==	==

Children unable to attend school because of Physical Disabilities:

The service of home teachers was needed for 37 children. The conditions necessitating this service were as follows:

	BOYS	GIRLS
Rheumatic disease	5	2
Asthma	2	3
Congenital abnormalities	1	—
Congenital heart lesion	2	—
Epilepsy	1	1
Perthe's disease	2	1
Fractured limbs	3	2
Osteomyelitis	1	—
Muscular dystrophy	1	—
Other conditions	6	4
	—	—
TOTALS	24	13
	==	==

Seventeen boys and nine girls who had suffered from the conditions mentioned below were taken off the peripatetic teachers' list.

RESUMED ATTENDANCE AT ORDINARY SCHOOL:	BOYS	GIRLS
Rheumatic diseases	5	2
Asthma	—	1
Fractured limbs	3	2
Perthe's disease	1	1
Muscular dystrophy	1	—
Congenital heart lesion	1	—
Other conditions	3	2
OVER SCHOOL AGE:		
Epilepsy	1	—
Osteomyelitis	1	—
Other conditions	—	1
DECEASED:		
Congenital heart lesion	1	—
TOTALS	17	9

Co-operation with the Youth Employment Service:

Handicapped pupils may encounter difficulties in obtaining or keeping employment after they leave school and to assist the Youth Employment Officers in placing these children school medical officers provide advice on Forms Y.9 or Y.10 which are sent to the Youth Employment Officer.

FORM Y.9

This form was completed in respect of sixty-six children and was used for children who had relatively minor defects and who were not likely to need registration under the Disabled Persons (Employment) Act, 1944. The conditions for which the form was used are given in the following table:

	BOYS	GIRLS
Defective colour vision	42	—
Defective hearing	3	4
Epilepsy	1	1
Heart condition	1	2
Respiratory conditions	2	3
Deformities	—	3
Other conditions	1	3
TOTALS	50	16

FORM Y.10

This form is used where children are sufficiently severely handicapped to make a registration under the Disabled Persons (Employment) Act, 1944, a possibility. In 1967 this form was issued in respect of six children, compared with four in 1966. One child was attending a secondary modern school, three at day special schools, one at a residential school and one was out of school.

This form is not completed unless the parent is willing to sign a declaration stating that the nature of the disability may be revealed to the Youth Employment Officer. Generally speaking, it is to the advantage of the child that the handicap should be declared at this stage as failure to do so may lead to unsuitable employment and, eventually, to unemployment.

Leavers from-	Form Y.9 completed for-			Form Y.10 completed for-		
	Boys	Girls	Total	Boys	Girls	Total
Secondary Modern Schools ..	41	6	47	-	1	1
Art School	-	-	-	-	-	-
Technical Schools	1	2	3	-	-	-
Grammar Schools	5	-	5	-	-	-
Special Schools	3	4	7	-	3	3
Residential Schools	-	2	2	1	-	1
Out of School	-	2	2	-	1	1
TOTALS	50	16	66	1	5	6

**Speech Therapy Centre, Robert Galloway Clinic,
Ward Street, Bolton.
Annual Report, 1967:**

Miss K. D. Holden and Mrs. B. P. Pannell, the Speech Therapists report:-

"During the year, despite the ever-present problem of insufficient staff, a speech therapy service was provided and was used to capacity. Children were mainly referred by School Medical Officers, Consultants, G.P's and Headteachers, but also there were instances of direct requests from parents demonstrating perhaps an increasing awareness on the part of the public of the existence of our service and its benefits.

Miss K. D. Holden continued to work full time and Mrs. B. P. Pannell returned to the clinic in the Spring on a sessional basis. Despite frequent advertising the post of second full time speech therapist remained unfilled and consequently the service was overwhelmed with a constant increase in the waiting list.

There seems to have developed an increasing awareness of the benefits of therapy not only amongst lay people but also amongst the education-alists and doctors, the result of which is demonstrated by the following figures.

Comparative sample of number of referrals received during 12 monthly periods.

December 1965 (incl.) - November 1966 88

December 1966 (inc.) - 8th December, 1967 167

With this remarkable increase, it is impossible for the present depleted staff to effect any great reductions of the waiting list. We are taking a very firm line with defaulters and are unfortunately having to discharge many children who are in need of therapy but who attend irregularly despite urging otherwise.

The full time therapist continued to see several children from the Thomasson Memorial Special School and also to spend a session per week at Woodside Junior School. This is interesting and rewarding work and it is hoped that when the staffing situation improves a further session can be devoted to these children.

There were frequent diagnostic and advisory sessions with parents of children well down the waiting list. With good co-operation from the parents some improvement can often be gained in the home, and the speech defect can be alleviated or sometimes even totally remedied.

Throughout the year, students from the School of Speech Therapy, Elizabeth Gaskell College, Manchester attended regularly to observe treatment sessions and the everyday running of the clinic.

Dr. J. H. Swindell, for whose valuable help we are most grateful, attended the clinic for a session each month."

Number of children attending weekly	70
Number of children on supervision	100
Number of children interviewed during year	93
Number of new cases admitted	70
Number of cases discharged	67
Number of children on present waiting list	128
Number of children referred to specialists	7

SPEECH THERAPY - 1967

No. of referrals:

December 1965 - November, 1966	88
December 1966 - 8th December, 1967	167
No. of children attending weekly	70
No. of children on supervision	100
No. of children interviewed	93
No. of new cases admitted	70
No. of cases discharged	67
No. of children on waiting list	128
No. of children referred to specialists	7

EXAMINATIONS UNDER SECTIONS 34 AND 57 OF THE EDUCATION ACT, 1944

Approved medical officers of the authority carried out examinations under the above sections of the Education Act, 1944 of children who were not making satisfactory progress at school. In 18 cases it was recommended that the children be ascertained as educationally sub-normal and that special educational treatment should be provided. Eight children were found to be unsuitable for education at school.

ADDITIONAL REPORTS

Physiotherapy:

ULTRA-VIOLET LIGHT TREATMENT:

Ultra-violet light treatment was continued at the Health Department throughout the year. The number of children attending in 1967 was 137, compared with 230 in 1966.

The conditions for which medical officers recommended children for treatment are shown in the following table:

Asthma	4
Nasal catarrh	18
Frequent colds	34
Recurrent bronchitis	11
General debility	15
Frequent coughs	5
General conditions	50
TOTAL									137

The treatment was given by a qualified physiotherapist.

Breathing Exercises:

The physiotherapist in the Health Department undertook the treatment of six boys and one girl recommended by school medical officers.

She attended twice a week at Lostock Open Air School to give ultra-violet light treatment, and also instructed the children in breathing exercises and arranged the postural drainage and percussion treatment of the children with bronchiectasis.

Thirty-seven children - 24 boys and 13 girls - were recommended by the school medical officers for physiotherapy for the following conditions:

	BOYS	GIRLS
Thoracic kyphosis	3	—
Flat feet	5	4
Posture	—	4
Intoeing Bilateral pes cavus	—	1
Postural drainage (Children from Lostock Open Air School)	16	4
TOTAL		13

Mortality in School Children:

Twelve children of school age, six boys and six girls, died during the year. Four deaths were due to natural causes, six following road accidents and two to accidents whilst at play.

School Health Education

Health education has been defined as “the sum of experiences which favourably influence habits, attitudes and knowledge relating to the individual and the community”. This is achieved in schools by two methods, (a) the indirect learning experience in connection with healthful school living, physical education, school health services and liberal discussion of health topics when brought up in the class-room; and (b) direct health instruction.

Though both methods are very important, it is very likely that if one relies purely on the indirect method, the “sum of experiences” quoted in the definition above can be very small indeed. For this reason we are anxious to see more schools embarking on a programme of formal health education.

Our school children are our future generation. They need all the help they can get to adjust their standards of community living, physical and mental health, to combat the inevitable pressures of anti-healthful practices to which they must conform to be accepted by their peers. Other developments such as higher living standards, more spending money, increased leisure time and, more recently, the lower age to be allowed for marriage, brings to our young people very real responsibilities for decisions, which, if made wrongly and without sufficient background knowledge, can have disastrous effects on their lives and the lives of others.

Organisation:

Health education is organised to provide schools with help on all aspects of healthful living. We can supply health information, propaganda material and audio visual aids. We can give help in developing the health education content of many “community living” types of programme. We can arrange for outside experts to come and give talks or provide the teachers for certain types of courses (primarily mothercraft). We can arrange visits of observation to many of the sections run by the health department. We are always pleased to give this service and we hope that continued use will be made of these facilities.

Educational Activities:

SEMINARS:

Two seminars have been held this year. One on Drugs and the other on Health Education in Primary Schools. It seems appropriate to comment here that while we have been able to give some service to practically every secondary school and most of the technical and grammar schools only a very few primary schools have called upon us. It would seem a pity if we are losing valuable opportunities to influence young children when there are so many preventable problems such as, dental caries, infested heads and early smoking experimentation.

MOTHERCRAFT:

Eight schools are now including mothercraft or child care in their school programmes. These are usually run by health visitors who also take the opportunities to broaden the content of their course to include many valuable health topics.

ANTI-SMOKING PROPAGANDA:

This has been undertaken by our staff in nine senior schools and in many cases the schools have reinforced this by including it in relation to other school subjects.

PREPARATION FOR FAMILY LIFE:

These programmes consist of very broadly based sex education. It includes the biological functions of reproduction but a greater emphasis is placed on the social and emotional content of sex, courtship and marriage.

A most successful one day conference on this topic was held for senior pupils of the Hayward Grammar School. It was organised on conference lines and included a stimulating talk by the Deputy Medical Officer of Health, followed by discussions in groups under the guidance of teachers, ministers, child care officers, health visitors. It proved to be a most useful exercise in every way.

Duke of Edinburgh Awards:

Health Visitors have continued to help with these awards in home nursing, mothercraft and more recently, home safety.

The Future:

We are grateful for all the help and co-operation we have received from the education department, school head teachers and staff in giving us the opportunity of presenting such important topics to their staff and pupils. We look forward to an even closer working relationship which will enable us to give our young people the best start in life that they can have - healthy minds and healthy bodies.

THE CARE OF CHILDREN ATTENDING NURSERY SCHOOLS, NURSERY CLASSES AND SPECIAL SCHOOLS

Nursery Schools:

School medical officers visited nursery schools and classes throughout the year and the school nurse made monthly visits to the nursery schools.

The following are the relevant statistics:

KAY STREET NURSERY SCHOOL:

No. of children on the roll, December, 1967	73 Full-time
			27 Part-time
No. of children admitted during 1967	64
No. of children transferred to primary schools	..		46
No. of children removed by parents	14

PIKES LANE NURSERY SCHOOL:

No. of children on the roll, December, 1967	76 Full-time
			41 Part-time
No. of children admitted during 1967	86
No. of children transferred to primary schools	..		57
No. of children removed by parents	14

Nursery Classes:

Medical examinations of new admissions were carried out at the 30 nursery classes.

Special Schools:

Monthly visits were paid by school medical officers to Woodside School, and weekly visits to Lostock Open Air School. The Consultant Aural Surgeon visits Thomasson Memorial Special School periodically throughout the year.

Results of Periodic Medical Inspection at Special Schools:

Defect or Disease	Special Schools			
	WOODSIDE (E.S.N.)		THOMASSON MEMORIAL (Deaf & Partially Hearing)	
	Requiring treatment	Requiring observation	Requiring treatment	Requiring observation
SKIN	9	5	—	—
EYES:				
Defective vision	28	10	2	—
Squint	7	1	1	1
Other	—	2	—	—
EARS:				
Defective hearing	4	5	—	21
Otitis media	—	3	—	1
Other	1	3	—	—
NOSE AND THROAT:				
Nasal catarrh	1	1	—	1
Tonsil and adenoid abnormalities ..	1	13	1	1
SPEECH ABNORMALITIES	5	2	—	20
LYMPHATIC GLANDS	—	7	—	—
HEART	1	2	—	1
LUNGS	2	1	—	—
DEVELOPMENTAL:				
Hernia	—	—	—	—
Other	4	5	—	—
ORTHOPAEDIC:				
Posture	—	5	—	—
Flat Feet	1	1	—	—
Other	3	3	—	—
NERVOUS SYSTEM:				
Epilepsy	4	—	—	—
Other	1	—	—	—
PSYCHOLOGICAL:				
Development	1	142	—	—
Stability	2	22	—	—
OTHER DEFECTS OR DISEASES	3	2	—	—
TOTALS	78	235	4	46

EMPLOYMENT OF CHILDREN

Three hundred and eighty children were examined for employment outside school hours, including four children who applied for Juvenile Performers' Licences under the Employment of Children in Entertainment Rules. The type of employment was as follows:

	No. of CHILDREN
Newspaper delivery	369
Shop or Store Assistants	5
Butcher's Assistant	1
Milk delivery	1
Entertainments	4
TOTAL	380

